MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR CASH GRANT - AGED

AID CODE 10

PAGE 641

----- MONTHLY AVERAGE -----

MOPU24	FEE-FOR-SERVICE/DENTAL										01/29/04
AMADOR COUNTY	SUMMARY OF SERVICES FOR	CASH GRAN	T - AGED			AID CODE					
									HLY AVERA		
980 ELIGIBLES	USERS UNITS C	F SERVICE	EXPENI	DITURES	AVEF	RAGE COST	UNITS/DAY	ZS (COST PER		COST PER
	OR DAY	S OF CARE			PER	UNIT/DAY	PER ELIC	3	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	756	8,765 \$	386	,673.67	\$	44.12	8.944		511.47		394.56
@PHYSICIANS SERVICES	189	778 \$,735.24	\$	8.66	.794		35.64	Š	6.87
OUTPATIENT VISITS	6	9	•	286.90	~	31.88	.009	Ψ	47.82	٧	.29
OFFICE VISITS	6	9		286.90		31.88	.009		47.82		.29
	0	9									
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	Ü	0		.00		.00	.000		.00		.00
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	0	0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0	0		.00		.00	.000		.00		.00
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	Ô	n		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
	0	0									
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	Ô	ñ		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		
DIALYSIS	0	U									.00
PATHOLOGY	1	5		14.64		2.93	.005		14.64		.01
RADIOLOGY	3	6		196.94		32.82	.006		65.65		.20
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	182	758	6	,236.76		8.23	.773		34.27		6.36
@PHARMACY	651	3,640 \$	194	,513.15	\$	53.44	3.714	\$	298.79	\$	198.48
PRESCRIPTION DRUGS	651	2,596	189	,947.94		73.17	2.649		291.78		193.82
SNF/ICF	23	166		,100.05		139.16	.169		1004.35		23.57
OUTPATIENTS	631	2,430		,847.89		68.66	2.480		264.42		170.25
MEDICAL SUPPLIES	57	1,044		,565.21		4.37	1.065		80.09		4.66
@DENTIST	28	105 \$,385.00	\$	32.24	.107	\$	120.89	\$	3.45
	19	66	٦,	833.00	Ą	12.62	.067	Ą	43.84	Ą	.85
VISITS - DIAGNOSTIC											
ORAL SURGERY	4	4		300.00		75.00	.004		75.00		.31
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	1	1		.00		.00	.001		.00		.00
ENDODONTICS	2	2		590.00		295.00	.002		295.00		.60
RESTORATIVE DENTISTRY	13	25	1	,392.00		55.68	.026		107.08		1.42
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	3	3		270.00		90.00	.003		90.00		.28
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	n		.00		.00	.000		.00		.00
	0	0		.00							
FRACTURES, DISLOCATIONS	0	0				.00	.000		.00		.00
ORTHODONTIC SERVICES	· ·	U		.00		.00	.000		.00		.00
ALL OTHER SERVICES	3	4		.00		.00	.004		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITURES	MONTH-OF-PA	AYMENT RE	PORT	FOR JAN 2	UU3 THRU	DEC	2003	Ρ	AGE 642
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
AMADOR COUNTY	SUMMARY OF SERVICES FOR	CASH GRAN	T - AGED			AID CODE	10				
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980 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY		COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	34	58 \$	1,740.95	\$ 30.02	.059 \$	51.20	\$ 1.78
DIAGNOSTIC AND ANC. PROCED	13		304.86	21.78	.014	23.45	.31
		14					
EYE APPLIANCES	17	42	1,279.72	30.47	.043	75.28	1.31
OTHER OPTOMETRIC SERVICES	5	2	156.37	78.19	.002	31.27	.16
@CHIROPRACTOR	0	0 \$.00	\$.00	.000 \$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	35	48 \$	498.85	\$ 10.39	.049 \$	14.25	\$.51
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	35	48	498.85	10.39	.049	14.25	.51
@HOME HEALTH AGENCY	0	0 \$.00	\$.00	.000 \$.00	\$.00
NURSE ANESTHESIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
NURSE MIDWIFE	0	0 \$.00	\$.00	.000 \$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
@TOTAL HOSPITAL	44	186 \$	54,219.08	\$ 291.50	.190 \$	1232.25	\$ 55.33
HOSP INPATIENT TOTAL	18	111	51,994.03	468.41	.113	2888.56	53.06
HSC HOSPITALS	4	55	38,869.03	706.71	.056	9717.26	39.66
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	14	56	13,125.00	234.38	.057	937.50	13.39
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	27	75	2,225.05	29.67	.077	82.41	2.27
MEDICAL	2	2	102.23	51.12	.002	51.12	.10
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	12	203.04	16.92	.012	101.52	.21
RADIOLOGY	4	7	571.09	81.58	.007	142.77	.58
ROOM USE	5	7	224.58	32.08	.007	44.92	.23
CROSSOVERS/ALL OTH OUTPTNT	21	, 47	1,124.11	23.92	.048	53.53	1.15
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
	0	0	.00		.000	.00	
INPATIENT CROSSOVERS ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0					
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	U	U	.00	.00	.000	.00	.00
RADIOLOGY	U	U	.00	.00	.000	.00	.00
ROOM USE	U	U	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	U U	U	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES MO	NTH-OF-PAYMENT RI	EPORT FOR JAN 2	UU3 THRU DEC	∠003	PAGE 643
MOP024	FEE-FOR-SERVICE		3.000	1.TD GC==	1.0		01/29/04
AMADOR COUNTY	SUMMARY OF SERV	ICES FOR CASH GRANT -	- AGED	AID CODE			C.F.
000 8 7 7 7 7 7 7 7 7		INITES OF CERTIFICE			MONTH		
980 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS (JOST PER	COST PER

		OR DAYS OF CARE			סיום	יייייייייייייייייייייייייייייייייייייי	PER ELIC		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	44	186	\$	54,219.08	\$	291.50	.190		1232.25	\$	55.33
COMM HOSP INPATIENT TOTAL	18	111	Ψ.	51,994.03	т	468.41	.113	τ.	2888.56	τ.	53.06
HSC HOSPITALS	4	55		38,869.03		706.71	.056		9717.26		39.66
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	Ô	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	14	56		13,125.00		234.38	.057		937.50		13.39
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	27	75		2,225.05		29.67	.077		82.41		2.27
MEDICAL	2	2		102.23		51.12	.002		51.12		.10
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	2	12		203.04		16.92	.012		101.52		.21
RADIOLOGY	4	7		571.09		81.58	.007		142.77		.58
ROOM USE	5	7		224.58		32.08	.007		44.92		.23
CROSSOVERS/ALL OTH OUTPTNT	21	47		1,124.11		23.92	.048		53.53		1.15
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	Ÿ	.00	Ų	.00	.000	Ų	.00	Ÿ	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	28	595	\$	83,429.01	\$	140.22	.607	\$	2979.61	\$	85.13
LEV A-INTERMEDIATE	0	0	Ÿ	.00	Ų	.00	.000	Ų	.00	Ÿ	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-30BACOTE H3FIL BASED	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	28	595		83,429.01		140.22	.607		2979.61		85.13
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	Ÿ	.00	Ų	.00	.000	Ų	.00	Ÿ	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	Ÿ	.00	Ų	.00	.000	Ų	.00	Ÿ	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	Ą	.00	Ą	.00	.000	Ą	.00	Ą	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	4	9	\$	51.75	\$	5.75	.009	\$	12.94	\$.05
PATHOLOGY	0	0	Ą	.00	Ą	.00	.000	Ą	.00	Ą	.00
XO AND OTHERS	О Д	9		51.75		5.75	.009		12.94		.05
@ORGANIZED OUTPATIENT CLINIC	111	195	Ġ	9,999.20	\$	51.28	.199	\$	90.08	\$	10.20
CLINIC CLINIC	0	0	Ą	.00	Ą	.00	.000	Ą	.00	Ą	.00
SURGICENTER	1	1		203.18		203.18	.001		203.18		.21
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	110	194		9,796.02		50.49	.198		89.05		10.00
#CALIF DEPT OF HEALTH SERV			rc i	MONTH-OF-PAYMENT RE	DORT			DEC		ъ	AGE 644
MOP024	FEE-FOR-SERVICE		. OE	MONIII OF FAIMENT RE	LOICI	FOR UAN	2005 11110	DEC	2005		01/29/04
AMADOR COUNTY		ICES FOR CASH GR	ייידע ע	- ACED		AID CODE	1.0				01/29/04
AMADOR COUNTI	SUMMANT OF SERV	ICES FOR CASH GR	MIN I	AGED		AID CODE		יידוו∩ו	HLY AVERA	CF	
980 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	Δ1/F	RAGE COST					COST PER
JOU EDIGIDED	OBERD	OR DAYS OF CARE		EXPENDITORES			PER ELIC		USER		ELIGIBLE
@ALL OTHER PROVIDERS	209	3,151		32,101.44	Ś	10.19			153.60		
DURABLE MED. EQUIP.	3	4	4	181.09	۲	45.27	.004	4	60.36	~	.18
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	1	1		449.42		449.42	.001		449.42		.46
MEDICAL TRANSPORTATION	22	362		991.43		2.74	.369		45.07		1.01
AMBULANCES/AIR TRANS	0	0		.00		.00	.000		.00		.00
OTHER TRANS	6	69		273.13		3.96	.070		45.52		. 28
OTHER TRANS	0	0,0		2/3.13		3.70	.070		10.02		. 20

OTHER SERVICES	16	293	718.30	2.45	.299	44.89	.73
ACUPUNCTURE	9	36	616.35	17.12	.037	68.48	.63
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	73	387	22,492.85	58.12	.395	308.12	22.95
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	17	42	423.15	10.08	.043	24.89	.43
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	1	2	1.30	.65	.002	1.30	.00
PROSTHETIST/ORTHOTISTS	2	4	177.42	44.36	.004	88.71	.18
PROSTHETICS	2	4	177.42	44.36	.004	88.71	.18
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	3	3	166.88	55.63	.003	55.63	.17
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	109	2,310	6,601.55	2.86	2.357	60.56	6.74
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	319	1,781	\$ 43,038.19	\$ 24.17	1.817	\$ 134.92	\$ 43.92

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE. #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 AMADOR COUNTY SUMMARY OF SERVICES FOR CASH GRANT - BLIND AID CODE 20

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					MON	THLY AVERA	GE
76 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	71	18,411 \$	49,077.87	\$ 2.67	242.250 \$	691.24	\$ 645.76
@PHYSICIANS SERVICES	20	40 \$	1,271.78	\$ 31.79	.526 \$	63.59	\$ 16.73
OUTPATIENT VISITS	7	10	303.61	30.36	.132	43.37	3.99
OFFICE VISITS	7	10	303.61	30.36	.132	43.37	3.99
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	2	9	598.58	66.51	.118	299.29	7.88
HOSPITAL VISITS	2	9	598.58	66.51	.118	299.29	7.88
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	46.44	46.44	.013	46.44	.61
EXAMINATIONS	1	1	46.44	46.44	.013	46.44	.61
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	1	62.42	62.42	.013	62.42	.82
PRINCIPAL SURGEON	1	1	62.42	62.42	.013	62.42	.82
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	1	1	62.42	62.42	.013	62.42	.82
PRINCIPAL SURGEON	1	1	62.42	62.42	.013	62.42	.82
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	1	1	59.05	59.05	.013	59.05	.78
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	12	17	139.26	8.19	.224	11.61	1.83
@PHARMACY	70	4,854	\$ 16,526.77	\$ 3.40	63.868	\$ 236.10	\$ 217.46
PRESCRIPTION DRUGS	65	231	13,804.69	59.76	3.039	212.38	181.64
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	65	231	13,804.69	59.76	3.039	212.38	181.64
MEDICAL SUPPLIES	12	4,623	2,722.08	.59	60.829	226.84	35.82
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00

DENTURES, STAYPLATES	0	0	.00	.00	.000	.00		.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00		.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2003 THRU DE	C 2003	PAGE	646
MOP024	FEE-FOR-SERVICE/DENTA	Ĺ					01/2	29/04

MOP024	FEE-FOR-SERVICE/									01/29/04
AMADOR COUNTY	SUMMARY OF SERVI	CES FOR	CASH GR	ANT - BI	IND	AID CODE				
							MC			
76 ELIGIBLES	USERS	UNITS OF			EXPENDITURES	ERAGE COST		5 (COST PER	COST PER
	_	OR DAYS				R UNIT/DAY			USER	ELIGIBLE
@OPTOMETRIST	2		4	\$	238.15	\$ 59.54	.053	\$	119.08	\$ 3.13
DIAGNOSTIC AND ANC. PROCED	1		1		75.11	75.11	.013		75.11	.99
EYE APPLIANCES	2		3		163.04	54.35	.039		81.52	2.15
OTHER OPTOMETRIC SERVICES	0		0		.00	.00	.000		.00	.00
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	Ş	.00	\$.00
VISITS	0		0		.00	.00	.000		.00	.00
OTHER SERVICES	0		0		.00	.00	.000		.00	.00
@PODIATRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0		0		.00	.00	.000		.00	.00
SURGERY/ANES.	0		0		.00	.00	.000		.00	.00
RADIO./PATHOLOGY	0		0		.00	.00	.000		.00	.00
OTHER	0		0 0		.00	.00	.000		.00	.00
@HOME HEALTH AGENCY	0		0	\$.00	\$.00		\$.00	\$.00
NURSE ANESTHESIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0		0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00		\$.00	\$.00
@TOTAL HOSPITAL	15		57	\$	7,152.08	\$ 125.48		\$	476.81	\$ 94.11
HOSP INPATIENT TOTAL	2		4		5,576.00	1394.00	.053		2788.00	73.37
HSC HOSPITALS	1		4		4,736.00	1184.00	.053		4736.00	62.32
NON-HSC HOSPITAL TOTAL	0		0		.00	.00	.000		.00	.00
ACCOMMODATIONS	0		0 0 0		.00	.00	.000		.00	.00
ADMINISTRATIVE DAYS	0		0		.00	.00	.000		.00	.00
TRANSITIONAL IP CARE	0				.00	.00	.000		.00	.00
ALL OTHER ACCOM	0		0		.00	.00	.000		.00	.00
ANCILLARIES	0		0		.00	.00	.000		.00	.00
INPATIENT CROSSOVERS	1		0		840.00	.00	.000		840.00	11.05
ALL OTHER INPATIENT	0		0		.00	.00	.000		.00	.00
HOSP OUTPATIENT TOTAL	14		53		1,576.08	29.74	.697		112.58	20.74
MEDICAL	11		16		696.63	43.54	.211		63.33	9.17
SURGERY	0		0		.00	.00	.000		.00	.00
PATHOLOGY	9		25		364.30	14.57	.329		40.48	4.79
RADIOLOGY	1		1		189.90	189.90	.013		189.90	2.50
ROOM USE	4		5 6		193.63	38.73	.066		48.41	2.55
CROSSOVERS/ALL OTH OUTPTNT	3				131.62	21.94	.079		43.87	1.73
@COUNTY HOSPITAL TOTAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0		0		.00	.00	.000		.00	.00
HSC HOSPITALS	0		0		.00	.00	.000		.00	.00
NON-HSC HOSPITALS TOTAL	0		0		.00	.00	.000		.00	.00
ACCOMMODATIONS	0		0		.00	.00	.000		.00	.00
ADMINISTRATIVE DAYS	0		0		.00	.00	.000		.00	.00
TRANSITIONAL IP CARE	0		0		.00	.00	.000		.00	.00
ALL OTHER ACCOM	0		0		.00	.00	.000		.00	.00
ANCILLARIES	0		0		.00	.00	.000		.00	.00
INPATIENT CROSSOVERS	0		0		.00	.00	.000		.00	.00
ALL OTHER INPATIENT	0		0		.00	.00	.000		.00	.00
CO HOSP OUTPATIENT TOTAL	0		0		.00	.00	.000		.00	.00
MEDICAL	0		0		.00	.00	.000		.00	.00

SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITU	RES M	ONTH-OF-PAYMENT R	EPORT	FOR JAN 2	2003 THRU I	DEC 2	2003	PI	AGE 647
MOP024	FEE-FOR-SERVICE/I	ENTAL									01/29/04
AMADOR COUNTY	SUMMARY OF SERVICE	ES FOR CASH G	RANT	- BLIND		AID CODE	20				
							MO	IHTMC	LY AVERA	GE -	
76 ELIGIBLES	USERS U	NITS OF SERVIC	E	EXPENDITURES	AVE:	RAGE COST	UNITS/DAYS	S CC	OST PER	(COST PER
		OR DAYS OF CAR	E		PER	UNIT/DAY	PER ELIG		USER	E	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	15	57	\$	7,152.08		125.48	.750	\$	476.81	\$	94.11
COMM HOSP INPATIENT TOTAL	2	4		5,576.00		1394.00	.053		2788.00		73.37
HSC HOSPITALS	1	4		4,736.00		1184.00	.053	4	4736.00		62.32
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	1	0		840.00		.00	.000		840.00		11.05
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	14	53		1,576.08		29.74	.697		112.58		20.74
MEDICAL	11	16		696.63		43.54	.211		63.33		9.17
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	9	25		364.30		14.57	.329		40.48		4.79
RADIOLOGY	1	1		189.90		189.90	.013		189.90		2.50
ROOM USE	4	5		193.63		38.73	.066		48.41		2.55
CROSSOVERS/ALL OTH OUTPTNT	3	6		131.62		21.94	.079		43.87		1.73
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$		\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
TOP DDM /DDGM	Λ	Λ		0.0		0.0	000		0.0		0.0

DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	14	25	\$ 1,362.13	\$ 54.49	.329	\$ 97.30	\$ 17.92
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
DIDAT HEATEN OF THE	7 /	0.5	1 260 12	E 4 4 0	200	0 0 0 0	1000

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#CALIF DEPT OF HEALTH SERV MOP024

RURAL HEALTH CLINIC

1,362.13 MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 FEE-FOR-SERVICE/DENTAL

AMADOR COUNTY SUMMARY OF SERVICES FOR CASH GRANT - BLIND

14

54.49

.329 97.30

17.92

PAGE 648 01/29/04

							M(JIVIT	ALY AVERA	GE .	
76 ELIGIBLES	USERS	UNITS OF SERVICE	E	XPENDITURES	AVERAGE (COST	UNITS/DAYS	S C	COST PER	(COST PER
		OR DAYS OF CARE			PER UNIT	/DAY	PER ELIG		USER]	ELIGIBLE
@ALL OTHER PROVIDERS	33	13,431 \$	\$	22,526.96	\$ 1.	68	176.724	\$	682.64	\$	296.41
DURABLE MED. EQUIP.	6	33		4,895.22	148.	34	.434		815.87		64.41
BLOOD BANK	0	0		.00	. (00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00	. (00	.000		.00		.00
MEDICAL TRANSPORTATION	3	69		518.28	7.	51	.908		172.76		6.82
AMBULANCES/AIR TRANS	3	69		518.28	7.	51	.908		172.76		6.82
OTHER TRANS	0	0		.00	. (00	.000		.00		.00
OTHER SERVICES	0	0		.00	. (00	.000		.00		.00
ACUPUNCTURE	0	0		.00	. (00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00	. (00	.000		.00		.00
GENETIC DISEASE TESTING	0	0		.00	. (00	.000		.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	9	22		999.46	45.	43	.289		111.05		13.15
OCCUPATIONAL THERAPIST	0	0		.00	. (00	.000		.00		.00
OPTICIAN	1	2		21.99	11.	00	.026		21.99		.29
PHYSICAL THERAPIST	0	0		.00	. (00	.000		.00		.00
PORTABLE X-RAY	0	0		.00	. (00	.000		.00		.00
PROSTHETIST/ORTHOTISTS	1	1		35.84	35.	84	.013		35.84		.47
PROSTHETICS	1	1		35.84	35.	84	.013		35.84		.47
ORTHOTICS	0	0		.00	. (00	.000		.00		.00
PSYCHOLOGIST	0	0		.00	. (00	.000		.00		.00
SPEECH AND AUDIOLOGY	0	0		.00	. (00	.000		.00		.00
HOSPICE SERVICES	0	0		.00	. (00	.000		.00		.00
NONINST BIRTHING CENTERS	0	0		.00	. (00	.000		.00		.00
LOCAL EDUCATION AGENCIES	3	7,369		9,597.02	1.	30	96.961		3199.01		126.28
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	. (00	.000		.00		.00
RESPIRATORY CARE PRACT.	0	0		.00	. (00	.000		.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00	. (00	.000		.00		.00
ALL OTHER PROVIDERS	23	5,935		6,459.15	1.	09	78.092		280.83		84.99
@CALIF. CHILDREN SERVICES*	6	121 \$	\$	10,642.52	\$ 87.	95	1.592	\$	1773.75	\$	140.03
@XOVER EXCLUDING STATE HOSP**	14	38 \$	\$	1,509.23	\$ 39.	72	.500	\$	107.80	\$	19.86
@* TOTALS IN THESE LINES ARE GIVE	EN AS A SEPAR	ATE INFORMATION ITE	EM ONLY;								
THE AMOUNTS ARE ALREADY INCLU	DED IN THE AP	PROPRIATE DETAIL LI	INES ABO	VE.							

----- MONTHLY AVERAGE -----

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 649 FEE-FOR-SERVICE/DENTAL MOP024 01/29/04 AMADOR COUNTY SUMMARY OF SERVICES FOR CASH GRANT - DISABLED AID CODE 60

In in indicate Country	DOMINIME OF DELL	VICED ION CADA GRANT	DIGINDED	TITD CODE	0.0		
					MON	ITHLY AVERA	GE
5,466 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	4,373	153,199 \$	3,348,463.52	\$ 21.86	28.028	765.71	\$ 612.60
@PHYSICIANS SERVICES	1,391	5,420 \$	166,267.09	\$ 30.68	.992	119.53	\$ 30.42
OUTPATIENT VISITS	635	927	30,828.27	33.26	.170	48.55	5.64
OFFICE VISITS	559	795	24,884.64	31.30	.145	44.52	4.55
HOME VISITS	5	6	223.10	37.18	.001	44.62	.04
EMERGENCY ROOM	43	60	3,947.35	65.79	.011	91.80	.72
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	1	1	112.00	112.00	.000	112.00	.02
OTHER OUTPATIENT	58	65	1,661.18	25.56	.012	28.64	.30
INPATIENT VISITS	92	332	15,488.89	46.65	.061	168.36	2.83
HOSPITAL VISITS	63	279	12,746.53	45.69	.051	202.33	2.33
CRITICAL CARE	7	11	1,561.71	141.97	.002	223.10	. 29
SNF/ICF/TRANS IP CARE	28	42	1,180.65	28.11	.008	42.17	.22
OPHTHALMOLOGICAL SERVICES	11	15	595.81	39.72	.003	54.16	.11
EXAMINATIONS	11	15	595.81	39.72	.003	54.16	.11
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	49	994	40,759.41	41.01	.182	831.82	7.46
PRINCIPAL SURGEON	33	50	32,661.37	653.23	.009	989.74	5.98

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

ASSISTANT SURGEON	2	2	1,798.57	899.29	.000	899.29	.33
ANESTHESIOLOGIST	22	942	6,299.47	6.69	.172	286.34	1.15
	88	191	16,260.98	85.14	.035	184.78	2.97
OUTPATIENT SURGERY	75						
PRINCIPAL SURGEON		92	14,069.37	152.93	.017	187.59	2.57
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	14	99	2,191.61	22.14	.018	156.54	.40
DIALYSIS	13	70	3,470.44	49.58	.013	266.96	.63
PATHOLOGY	112	386	5,480.67	14.20	.071	48.93	1.00
RADIOLOGY	362	671	25,227.10	37.60	.123	69.69	4.62
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	24	33	473.14	14.34	.006	19.71	.09
OTHER SERVICES/ALL X-OVERS	594	1,801	27,682.38	15.37	.329	46.60	5.06
@PHARMACY	3,751	48,779 \$	1,588,546.28	\$ 32.57	8.924		
				89.31			
PRESCRIPTION DRUGS	3,717	17,253	1,540,923.40		3.156	414.56	281.91
SNF/ICF	54	440	27,752.34	63.07	.080	513.93	5.08
OUTPATIENTS	3,665	16,813	1,513,171.06	90.00	3.076	412.87	276.83
MEDICAL SUPPLIES	301	31,526	47,622.88	1.51	5.768	158.22	8.71
@DENTIST	219	1,004 \$	50,878.90	\$ 50.68	.184	\$ 232.32	\$ 9.31
VISITS - DIAGNOSTIC	140	589	7,469.90	12.68	.108	53.36	1.37
ORAL SURGERY	50	97	6,120.00	63.09	.018	122.40	1.12
DRUGS	1	1	15.00	15.00	.000	15.00	.00
ANESTHESIA	1	1	100.00	100.00	.000	100.00	.02
PERIODONTICS	14	18	2,299.00	127.72	.003	164.21	.42
	17	27	6,464.00				
ENDODONTICS				239.41	.005	380.24	1.18
RESTORATIVE DENTISTRY	60	207	16,372.00	79.09	.038	272.87	3.00
PROSTHETICS	3	3	60.00	20.00	.001	20.00	.01
DENTURES, STAYPLATES	33	60	11,979.00	199.65	.011	363.00	2.19
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
			- 00				
	•	1					
ALL OTHER SERVICES	1	U 1 TES AND EXDENDITIBES	.00	.00	.000	.00	.00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV	1 MEDI-CAL SERVIC	CES AND EXPENDITURES	.00	.00	.000	.00	.00 PAGE 650
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	1 MEDI-CAL SERVICE FEE-FOR-SERVICE	CES AND EXPENDITURES E/DENTAL	.00 MONTH-OF-PAYMENT RE	.00 EPORT FOR JAN	.000 2003 THRU D	.00	.00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV	1 MEDI-CAL SERVICE FEE-FOR-SERVICE	CES AND EXPENDITURES	.00 MONTH-OF-PAYMENT RE	.00	.000 2003 THRU D	.00 DEC 2003	.00 PAGE 650 01/29/04
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVE	CES AND EXPENDITURES E/DENTAL /ICES FOR CASH GRANT	.00 MONTH-OF-PAYMENT RE - DISABLED	.00 EPORT FOR JAN AID CODE	.000 2003 THRU D 60 MO	.00 DEC 2003 ONTHLY AVERA	.00 PAGE 650 01/29/04 GE
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	1 MEDI-CAL SERVICE FEE-FOR-SERVICE	CES AND EXPENDITURES E/DENTAL VICES FOR CASH GRANT UNITS OF SERVICE	.00 MONTH-OF-PAYMENT RE	.00 EPORT FOR JAN AID CODE AVERAGE COST	.000 2003 THRU D 60 MO UNITS/DAYS	.00 DEC 2003 ONTHLY AVERA COST PER	.00 PAGE 650 01/29/04 GE COST PER
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 5,466 ELIGIBLES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	CES AND EXPENDITURES E/DENTAL VICES FOR CASH GRANT UNITS OF SERVICE OR DAYS OF CARE	.00 MONTH-OF-PAYMENT RE - DISABLED EXPENDITURES	.00 EPORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY	.000 2003 THRU D 60 MO UNITS/DAYS PER ELIG	.00 DEC 2003 ONTHLY AVERA COST PER USER	.00 PAGE 650 01/29/04 GE COST PER ELIGIBLE
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 5,466 ELIGIBLES @OPTOMETRIST	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 144	CES AND EXPENDITURES E/DENTAL VICES FOR CASH GRANT UNITS OF SERVICE OR DAYS OF CARE 347 \$.00 MONTH-OF-PAYMENT RE - DISABLED EXPENDITURES 7,862.27	.00 EPORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY \$ 22.66	.000 2003 THRU D 60 MO UNITS/DAYS PER ELIG .063	.00 DEC 2003 ONTHLY AVERA COST PER USER \$ 54.60	.00 PAGE 650 01/29/04 GE COST PER ELIGIBLE \$ 1.44
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 5,466 ELIGIBLES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	CES AND EXPENDITURES E/DENTAL FICES FOR CASH GRANT UNITS OF SERVICE OR DAYS OF CARE 347 \$ 76	.00 MONTH-OF-PAYMENT RE - DISABLED EXPENDITURES	.00 EPORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY \$ 22.66 40.80	.000 2003 THRU D 60 MO UNITS/DAYS PER ELIG	.00 DEC 2003 NITHLY AVERA COST PER USER \$ 54.60 40.27	.00 PAGE 650 01/29/04 GE COST PER ELIGIBLE
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 5,466 ELIGIBLES @OPTOMETRIST	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 144	CES AND EXPENDITURES E/DENTAL VICES FOR CASH GRANT UNITS OF SERVICE OR DAYS OF CARE 347 \$.00 MONTH-OF-PAYMENT RE - DISABLED EXPENDITURES 7,862.27 3,100.91	.00 EPORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY \$ 22.66	.000 2003 THRU D 60 MO UNITS/DAYS PER ELIG .063	.00 DEC 2003 ONTHLY AVERA COST PER USER \$ 54.60	.00 PAGE 650 01/29/04 GE COST PER ELIGIBLE \$ 1.44
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 5,466 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 144 77	CES AND EXPENDITURES E/DENTAL FICES FOR CASH GRANT UNITS OF SERVICE OR DAYS OF CARE 347 \$ 76	.00 MONTH-OF-PAYMENT RE - DISABLED EXPENDITURES 7,862.27	.00 EPORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY \$ 22.66 40.80 16.94	.000 2003 THRU D 60 MO UNITS/DAYS PER ELIG .063 .014	.00 DEC 2003 NITHLY AVERA COST PER USER \$ 54.60 40.27	.00 PAGE 650 01/29/04 GE COST PER ELIGIBLE \$ 1.44 .57
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 5,466 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 144 77 91 22	CES AND EXPENDITURES E/DENTAL /ICES FOR CASH GRANT UNITS OF SERVICE OR DAYS OF CARE 347 \$ 76 245 26	.00 MONTH-OF-PAYMENT RE - DISABLED EXPENDITURES 7,862.27 3,100.91 4,151.52 609.84	.00 EPORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY \$ 22.66 40.80 16.94 23.46	.000 2003 THRU D 60 MO UNITS/DAYS PER ELIG .063 .014 .045 .005	.00 DEC 2003 DITHLY AVERA COST PER USER \$ 54.60 40.27 45.62 27.72	.00 PAGE 650 01/29/04 GE COST PER ELIGIBLE \$ 1.44 .57 .76 .11
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 5,466 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 144 77 91 22 28	CES AND EXPENDITURES E/DENTAL /ICES FOR CASH GRANT UNITS OF SERVICE OR DAYS OF CARE 347 \$ 76 245 26 40 \$.00 MONTH-OF-PAYMENT RE - DISABLED EXPENDITURES 7,862.27 3,100.91 4,151.52 609.84 630.44	.00 EPORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY \$ 22.66 40.80 16.94 23.46 \$ 15.76	.000 2003 THRU D 60 MO UNITS/DAYS PER ELIG .063 .014 .045 .005	.00 DEC 2003 ONTHLY AVERA S COST PER USER \$ 54.60 40.27 45.62 27.72 \$ 22.52	.00 PAGE 650 01/29/04 GE COST PER ELIGIBLE \$ 1.44 .57 .76 .11 \$.12
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 5,466 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 144 77 91 22 28 21	CES AND EXPENDITURES E/DENTAL JICES FOR CASH GRANT UNITS OF SERVICE OR DAYS OF CARE 347 \$ 76 245 26 40 \$ 29	.00 MONTH-OF-PAYMENT RE - DISABLED EXPENDITURES 7,862.27 3,100.91 4,151.52 609.84 630.44 480.70	.00 EPORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY \$ 22.66 40.80 16.94 23.46 \$ 15.76 16.58	.000 2003 THRU D 60 MO UNITS/DAYS PER ELIG .063 .014 .045 .005 .007	.00 DEC 2003 ONTHLY AVERA S COST PER USER \$ 54.60 40.27 45.62 27.72 \$ 22.52 22.89	.00 PAGE 650 01/29/04 GE COST PER ELIGIBLE \$ 1.44 .57 .76 .11 \$.12 .09
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 5,466 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 144 77 91 22 28 21 7	CES AND EXPENDITURES E/DENTAL FICES FOR CASH GRANT UNITS OF SERVICE OR DAYS OF CARE 347 \$ 76 245 26 40 \$ 29 11	.00 MONTH-OF-PAYMENT RE - DISABLED EXPENDITURES 7,862.27 3,100.91 4,151.52 609.84 630.44 480.70 149.74	.00 EPORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY \$ 22.66 40.80 16.94 23.46 \$ 15.76 16.58 13.61	.000 2003 THRU D 60 MO UNITS/DAYS PER ELIG .063 .014 .045 .005 .007 .005	.00 DEC 2003 ONTHLY AVERA COST PER USER \$ 54.60 40.27 45.62 27.72 \$ 22.52 22.89 21.39	.00 PAGE 650 01/29/04 GE COST PER ELIGIBLE \$ 1.44 .57 .76 .11 \$.12 .09 .03
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 5,466 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 144 77 91 22 28 21 7 52	CES AND EXPENDITURES E/DENTAL VICES FOR CASH GRANT UNITS OF SERVICE OR DAYS OF CARE 347 \$ 76 245 26 40 \$ 29 11 68 \$.00 MONTH-OF-PAYMENT RE - DISABLED EXPENDITURES 7,862.27 3,100.91 4,151.52 609.84 630.44 480.70 149.74 1,764.44	.00 EPORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY \$ 22.66 40.80 16.94 23.46 \$ 15.76 16.58 13.61 \$ 25.95	.000 2003 THRU D 60 MO UNITS/DAYS PER ELIG .063 .014 .045 .005 .007 .005	.00 DEC 2003 ONTHLY AVERA COST PER USER \$ 54.60 40.27 45.62 27.72 \$ 22.52 22.89 21.39 \$ 33.93	.00 PAGE 650 01/29/04 GE COST PER ELIGIBLE \$ 1.44 .57 .76 .11 \$.12 .09 .03 \$.32
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 5,466 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 144 77 91 22 28 21 7 52 30	CES AND EXPENDITURES E/DENTAL VICES FOR CASH GRANT UNITS OF SERVICE OR DAYS OF CARE 347 \$ 76 245 26 40 \$ 29 11 68 \$ 31	.00 MONTH-OF-PAYMENT RE - DISABLED EXPENDITURES 7,862.27 3,100.91 4,151.52 609.84 630.44 480.70 149.74 1,764.44 1,015.40	.00 EPORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY \$ 22.66 40.80 16.94 23.46 \$ 15.76 16.58 13.61 \$ 25.95 32.75	.000 2003 THRU D 60 MO UNITS/DAYS PER ELIG .063 .014 .045 .005 .007 .005 .005 .002 .012	.00 DEC 2003 ONTHLY AVERA COST PER USER \$ 54.60 40.27 45.62 27.72 \$ 22.89 21.39 \$ 33.93 33.85	.00 PAGE 650 01/29/04 GE COST PER ELIGIBLE \$ 1.44 .57 .76 .11 \$.12 .09 .03 \$.32 .19
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 5,466 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES.	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 144 77 91 22 28 21 7 52 30 4	CES AND EXPENDITURES E/DENTAL /ICES FOR CASH GRANT UNITS OF SERVICE OR DAYS OF CARE 347 \$ 76 245 26 40 \$ 29 11 68 \$ 31 5	.00 MONTH-OF-PAYMENT RE - DISABLED EXPENDITURES 7,862.27 3,100.91 4,151.52 609.84 630.44 480.70 149.74 1,764.44 1,015.40 115.05	.00 EPORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY \$ 22.66 40.80 16.94 23.46 \$ 15.76 16.58 13.61 \$ 25.95 32.75 23.01	.000 2003 THRU D 60 MO UNITS/DAYS PER ELIG .063 .014 .045 .005 .007 .005 .007	.00 DEC 2003 DITHLY AVERA COST PER USER \$ 54.60 40.27 45.62 27.72 \$ 22.52 22.89 21.39 \$ 33.93 33.85 28.76	.00 PAGE 650 01/29/04 GE COST PER ELIGIBLE \$ 1.44 .57 .76 .11 \$.12 .09 .03 \$.32 .19 .02
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 5,466 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 144 77 91 22 28 21 7 52 30 4 1	CES AND EXPENDITURES E/DENTAL JICES FOR CASH GRANT UNITS OF SERVICE OR DAYS OF CARE 347 \$ 76 245 26 40 \$ 29 11 68 \$ 31 5 2	.00 MONTH-OF-PAYMENT RE - DISABLED EXPENDITURES 7,862.27 3,100.91 4,151.52 609.84 630.44 480.70 149.74 1,764.44 1,015.40	.00 EPORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY \$ 22.66 40.80 16.94 23.46 \$ 15.76 16.58 13.61 \$ 25.95 32.75	.000 2003 THRU D 60 MO UNITS/DAYS PER ELIG .063 .014 .045 .005 .007 .005 .007 .005 .002 .012 .006 .001	.00 DEC 2003 ONTHLY AVERA COST PER USER \$ 54.60 40.27 45.62 27.72 \$ 22.89 21.39 \$ 33.93 33.85	.00 PAGE 650 01/29/04 GE COST PER ELIGIBLE \$ 1.44 .57 .76 .11 \$.12 .09 .03 \$.32 .19 .02 .01
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 5,466 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES.	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 144 77 91 22 28 21 7 52 30 4 1 20	CES AND EXPENDITURES E/DENTAL /ICES FOR CASH GRANT UNITS OF SERVICE OR DAYS OF CARE 347 \$ 76 245 26 40 \$ 29 11 68 \$ 31 5 2 30	.00 MONTH-OF-PAYMENT RE - DISABLED EXPENDITURES 7,862.27 3,100.91 4,151.52 609.84 630.44 480.70 149.74 1,764.44 1,015.40 115.05 34.60 599.39	.00 EPORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY \$ 22.66 40.80 16.94 23.46 \$ 15.76 16.58 13.61 \$ 25.95 32.75 23.01	.000 2003 THRU D 60 MO UNITS/DAYS PER ELIG .063 .014 .045 .005 .007 .005 .007	.00 DEC 2003 DITHLY AVERA COST PER USER \$ 54.60 40.27 45.62 27.72 \$ 22.52 22.89 21.39 \$ 33.93 33.85 28.76	.00 PAGE 650 01/29/04 GE COST PER ELIGIBLE \$ 1.44 .57 .76 .11 \$.12 .09 .03 \$.32 .19 .02 .01 .11
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 5,466 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 144 77 91 22 28 21 7 52 30 4 1	CES AND EXPENDITURES E/DENTAL /ICES FOR CASH GRANT UNITS OF SERVICE OR DAYS OF CARE 347 \$ 76 245 26 40 \$ 29 11 68 \$ 31 5 2	.00 MONTH-OF-PAYMENT RE - DISABLED EXPENDITURES 7,862.27 3,100.91 4,151.52 609.84 630.44 480.70 149.74 1,764.44 1,015.40 115.05 34.60	.00 EPORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY \$ 22.66 40.80 16.94 23.46 \$ 15.76 16.58 13.61 \$ 25.95 32.75 23.01 17.30	.000 2003 THRU D 60 MO UNITS/DAYS PER ELIG .063 .014 .045 .005 .007 .005 .002 .012 .006 .001 .000	.00 DEC 2003 DITHLY AVERA COST PER USER \$ 54.60 40.27 45.62 27.72 \$ 22.52 22.89 21.39 \$ 33.93 33.85 28.76 34.60	.00 PAGE 650 01/29/04 GE COST PER ELIGIBLE \$ 1.44 .57 .76 .11 \$.12 .09 .03 \$.32 .19 .02 .01
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 5,466 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 144 77 91 22 28 21 7 52 30 4 1 20	CES AND EXPENDITURES E/DENTAL /ICES FOR CASH GRANT UNITS OF SERVICE OR DAYS OF CARE 347 \$ 76 245 26 40 \$ 29 11 68 \$ 31 5 2 30	.00 MONTH-OF-PAYMENT RE - DISABLED EXPENDITURES 7,862.27 3,100.91 4,151.52 609.84 630.44 480.70 149.74 1,764.44 1,015.40 115.05 34.60 599.39	.00 EPORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY \$ 22.66 40.80 16.94 23.46 \$ 15.76 16.58 13.61 \$ 25.95 32.75 23.01 17.30 19.98	.000 2003 THRU D 60 MO UNITS/DAYS PER ELIG .063 .014 .045 .005 .007 .005 .002 .012 .006 .001 .000 .005 .114	.000 DEC 2003 DITHLY AVERA COST PER USER \$ 54.60 40.27 45.62 27.72 \$ 22.52 22.89 21.39 \$ 33.93 33.93 33.93 33.93 \$ 33.93	.00 PAGE 650 01/29/04 GE COST PER ELIGIBLE \$ 1.44 .57 .76 .11 \$.12 .09 .03 \$.32 .19 .02 .01 .11
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 5,466 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER	1 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 144 777 91 22 28 21 77 52 30 4 1 20 26	CES AND EXPENDITURES E/DENTAL /ICES FOR CASH GRANT UNITS OF SERVICE OR DAYS OF CARE 347 \$ 76 245 26 40 \$ 29 11 68 \$ 31 5 2 30 622 \$.00 MONTH-OF-PAYMENT RE - DISABLED EXPENDITURES 7,862.27 3,100.91 4,151.52 609.84 630.44 480.70 149.74 1,764.44 1,015.40 115.05 34.60 599.39 21,605.20	.00 EPORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY \$ 22.66 40.80 16.94 23.46 \$ 15.76 16.58 13.61 \$ 25.95 32.75 23.01 17.30 19.98 \$ 34.74	.000 2003 THRU D 60 MO UNITS/DAYS PER ELIG .063 .014 .045 .005 .007 .005 .002 .012 .006 .001 .000 .005 .114 .013	.000 DEC 2003 DITHLY AVERA COST PER USER \$ 54.60 40.27 45.62 27.72 \$ 22.52 22.89 21.39 \$ 33.85 28.76 34.60 29.97 \$ 830.97	.00 PAGE 650 01/29/04 GE COST PER ELIGIBLE \$ 1.44 .57 .76 .11 \$.12 .09 .03 \$.32 .19 .02 .01 .11 \$ 3.95
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 5,466 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE	1 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 144 77 91 22 28 21 7 52 30 4 1 20 26 4 3	CES AND EXPENDITURES E/DENTAL FICES FOR CASH GRANT UNITS OF SERVICE OR DAYS OF CARE 347 \$ 76 245 26 40 \$ 29 11 68 \$ 31 5 2 30 622 \$ 71 \$ 15 \$.00 MONTH-OF-PAYMENT RE - DISABLED EXPENDITURES 7,862.27 3,100.91 4,151.52 609.84 630.44 480.70 149.74 1,764.44 1,015.40 115.05 34.60 599.39 21,605.20 170.36 1,483.17	.00 EPORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY \$ 22.66 40.80 16.94 23.46 \$ 15.76 16.58 13.61 \$ 25.95 32.75 23.01 17.30 19.98 \$ 34.74 \$ 2.40 \$ 98.88	.000 2003 THRU D 60 MO UNITS/DAYS PER ELIG .063 .014 .045 .005 .007 .005 .002 .012 .006 .001 .000 .005 .114 .013 .003	.000 DEC 2003 DITHLY AVERA COST PER USER \$ 54.60 40.27 45.62 27.72 \$ 22.52 22.89 21.39 \$ 33.93 33.93 33.93 33.93 \$ 39.93 \$ 30.97 \$ 80.97 \$ 42.59 \$ 494.39	.00 PAGE 650 01/29/04 GE COST PER ELIGIBLE \$ 1.44 .57 .76 .11 \$.12 .09 .03 \$.32 .19 .02 .01 .11 \$ 3.95 \$.03 \$.27
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 5,466 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	1 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 144 77 91 22 28 21 7 52 30 4 1 20 26 4 3 0	CES AND EXPENDITURES E/DENTAL FICES FOR CASH GRANT UNITS OF SERVICE OR DAYS OF CARE 347 \$ 76 245 26 40 \$ 29 11 688 \$ 31 5 2 30 622 \$ 71 \$ 15 \$ 0 \$.00 MONTH-OF-PAYMENT RE - DISABLED EXPENDITURES 7,862.27 3,100.91 4,151.52 609.84 630.44 480.70 149.74 1,764.44 1,015.40 115.05 34.60 599.39 21,605.20 170.36 1,483.17	.00 EPORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY \$ 22.66 40.80 16.94 23.46 \$ 15.76 16.58 13.61 \$ 25.95 32.75 23.01 17.30 19.98 \$ 34.74 \$ 2.40 \$ 98.88 \$.00	.000 2003 THRU D 60 MO UNITS/DAYS PER ELIG .063 .014 .045 .005 .007 .005 .002 .012 .006 .001 .000 .005 .114 .013 .003	.000 DEC 2003 ONTHLY AVERA COST PER USER \$ 54.60 40.27 45.62 27.72 \$ 22.52 22.89 21.39 \$ 33.93 33.85 28.76 34.60 29.97 \$ 830.97 \$ 842.59 \$ 42.59 \$ 494.39 \$.00	.00 PAGE 650 01/29/04 GE COST PER ELIGIBLE \$ 1.44 .57 .76 .11 \$.12 .09 .03 \$.32 .19 .02 .01 .11 \$ 3.95 \$.03 \$.27 \$.00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 5,466 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	1 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 144 77 91 22 28 21 7 52 30 4 1 20 26 4 3 0 0	CES AND EXPENDITURES E/DENTAL FICES FOR CASH GRANT UNITS OF SERVICE OR DAYS OF CARE 347 \$ 76 245 26 40 \$ 29 11 68 \$ 31 5 2 30 622 \$ 71 \$ 15 \$ 0 \$ 0 \$.00 MONTH-OF-PAYMENT RE - DISABLED EXPENDITURES 7,862.27 3,100.91 4,151.52 609.84 630.44 480.70 149.74 1,764.44 1,015.40 115.05 34.60 599.39 21,605.20 170.36 1,483.17 .00 .00	.00 EPORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY \$ 22.66 40.80 16.94 23.46 \$ 15.76 16.58 13.61 \$ 25.95 32.75 23.01 17.30 19.98 \$ 34.74 \$ 2.40 \$ 98.88 \$.00 \$.00	.000 2003 THRU D 60 MO UNITS/DAYS PER ELIG .063 .014 .045 .005 .007 .005 .002 .012 .006 .001 .000 .005 .114 .013 .003 .000 .000	.000 DEC 2003 DITHLY AVERA COST PER USER \$ 54.60 40.27 45.62 27.72 \$ 22.52 22.89 21.39 \$ 33.93 33.85 28.76 34.60 29.97 \$ 830.97 \$ 842.59 \$ 42.59 \$ 494.39 \$.00 \$.00	.00 PAGE 650 01/29/04 GE COST PER ELIGIBLE \$ 1.44 .57 .76 .11 \$.12 .09 .03 \$.32 .19 .02 .01 .11 \$ 3.95 \$.03 \$.03 \$.03 \$.00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 5,466 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL	1 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 144 77 91 22 28 21 7 52 30 4 1 20 26 4 3 0 0 959	CES AND EXPENDITURES E/DENTAL /ICES FOR CASH GRANT UNITS OF SERVICE OR DAYS OF CARE 347 \$ 76 245 26 40 \$ 29 11 68 \$ 31 5 2 30 622 \$ 71 \$ 15 \$ 0 \$ 0 \$ 7,535 \$.00 MONTH-OF-PAYMENT RE - DISABLED EXPENDITURES 7,862.27 3,100.91 4,151.52 609.84 630.44 480.70 149.74 1,764.44 1,015.40 115.05 34.60 599.39 21,605.20 170.36 1,483.17 .00 .00 827,426.36	.00 EPORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY \$ 22.66 40.80 16.94 23.46 \$ 15.76 16.58 13.61 \$ 25.95 32.75 23.01 17.30 19.98 \$ 34.74 \$ 2.40 \$ 98.88 \$.00 \$.00 \$ 109.81	.000 2003 THRU D 60 MO UNITS/DAYS PER ELIG .063 .014 .045 .005 .007 .005 .002 .012 .006 .001 .000 .005 .114 .013 .003 .003 .000 .000 1.379	.000 DEC 2003 DITHLY AVERA COST PER USER \$ 54.60 40.27 45.62 27.72 \$ 22.52 22.89 21.39 \$ 33.93 33.85 28.76 34.60 29.97 \$ 830.97 \$ 830.97 \$ 42.59 \$ 494.39 \$.00 \$ 862.80	.00 PAGE 650 01/29/04 GE COST PER ELIGIBLE \$ 1.44 .57 .76 .11 \$.12 .09 .03 \$.32 .19 .02 .01 .11 \$ 3.95 \$.03 \$.27 \$.00 \$.00 \$ 151.38
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 5,466 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL	1 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 144 77 91 22 28 21 7 52 30 4 1 20 26 4 3 0 0 959 111	CES AND EXPENDITURES E/DENTAL /ICES FOR CASH GRANT UNITS OF SERVICE OR DAYS OF CARE 347 \$ 76 245 26 40 \$ 29 11 68 \$ 31 5 2 30 622 \$ 71 \$ 15 \$ 0 \$ 0 \$ 7,535 \$ 487	.00 MONTH-OF-PAYMENT RE - DISABLED EXPENDITURES 7,862.27 3,100.91 4,151.52 609.84 630.44 480.70 149.74 1,764.44 1,015.40 115.05 34.60 599.39 21,605.20 170.36 1,483.17 .00 .00 827,426.36 622,826.06	.00 EPORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY \$ 22.66 40.80 16.94 23.46 \$ 15.76 16.58 13.61 \$ 25.95 32.75 23.01 17.30 19.98 \$ 34.74 \$ 2.40 \$ 98.88 \$.00 \$.00 \$ 109.81 1278.90	.000 2003 THRU D 60 MO UNITS/DAYS PER ELIG .063 .014 .045 .005 .007 .005 .002 .012 .006 .001 .000 .005 .114 .013 .003 .000 .000 1.379 .089	.000 DEC 2003 DITHLY AVERA COST PER USER \$ 54.60 40.27 45.62 27.72 \$ 22.52 22.89 21.39 \$ 33.93 33.85 28.76 34.60 29.97 \$ 830.97 \$ 42.59 \$ 494.39 \$.00 \$ 862.80 5611.05	.00 PAGE 650 01/29/04 GE COST PER ELIGIBLE \$ 1.44 .57 .76 .11 \$.12 .09 .03 \$.32 .19 .02 .01 .11 \$ 3.95 \$.03 \$.27 \$.00 \$.00 \$ 151.38 113.95
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 5,466 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS	1 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 144 77 91 22 28 21 7 52 30 4 1 20 26 4 3 0 0 959 111 29	CES AND EXPENDITURES E/DENTAL /ICES FOR CASH GRANT UNITS OF SERVICE OR DAYS OF CARE 347 \$ 76 245 26 40 \$ 29 11 68 \$ 31 5 2 30 622 \$ 71 \$ 15 \$ 0 \$ 0 \$ 7,535 \$ 487 128	.00 MONTH-OF-PAYMENT RE - DISABLED EXPENDITURES 7,862.27 3,100.91 4,151.52 609.84 630.44 480.70 149.74 1,764.44 1,015.40 115.05 34.60 599.39 21,605.20 170.36 1,483.17 .00 .00 827,426.36 622,826.06 146,530.00	.00 EPORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY \$ 22.66 40.80 16.94 23.46 \$ 15.76 16.58 13.61 \$ 25.95 32.75 23.01 17.30 19.98 \$ 34.74 \$ 2.40 \$ 98.88 \$.00 \$.00 \$ 109.81 1278.90 1144.77	.000 2003 THRU D 60 MO UNITS/DAYS PER ELIG .063 .014 .045 .005 .007 .005 .002 .012 .006 .001 .000 .005 .114 .013 .003 .003 .000 .000 1.379 .089 .023	.000 DEC 2003 DITHLY AVERA COST PER USER \$ 54.60 40.27 45.62 27.72 \$ 22.52 22.89 21.39 \$ 33.93 33.85 28.76 34.60 29.97 \$ 830.97 \$ 830.97 \$ 42.59 \$ 494.39 \$.00 \$ 862.80 5611.05 5052.76	.00 PAGE 650 01/29/04 GE COST PER ELIGIBLE \$ 1.44 .57 .76 .11 \$.12 .09 .03 \$.32 .19 .02 .01 .11 \$ 3.95 \$.03 \$.27 \$.00 \$.00 \$ 151.38 113.95 26.81
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 5,466 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL	1 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 144 77 91 22 28 21 7 52 30 4 1 20 26 4 3 0 0 959 111 29 52	CES AND EXPENDITURES E/DENTAL /ICES FOR CASH GRANT UNITS OF SERVICE OR DAYS OF CARE 347 \$ 76 245 26 40 \$ 29 11 68 \$ 31 5 2 30 622 \$ 71 \$ 15 \$ 0 \$ 7,535 \$ 487 128 219	.00 MONTH-OF-PAYMENT RE - DISABLED EXPENDITURES 7,862.27 3,100.91 4,151.52 609.84 630.44 480.70 149.74 1,764.44 1,015.40 115.05 34.60 599.39 21,605.20 170.36 1,483.17 .00 .00 827,426.36 622,826.06 146,530.00 448,710.88	.00 EPORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY \$ 22.66 40.80 16.94 23.46 \$ 15.76 16.58 13.61 \$ 25.95 32.75 23.01 17.30 19.98 \$ 34.74 \$ 2.40 \$ 98.88 \$.00 \$.00 \$ 109.81 1278.90 1144.77 2048.91	.000 2003 THRU D 60 MO UNITS/DAYS PER ELIG .063 .014 .045 .005 .007 .005 .002 .012 .006 .001 .000 .005 .114 .013 .003 .000 .000 1.379 .089 .023 .040	.000 DEC 2003 DITHLY AVERA COST PER USER \$ 54.60 40.27 45.62 27.72 \$ 22.52 22.89 21.39 \$ 33.85 28.76 34.60 29.97 \$ 830.97 \$ 42.59 \$ 494.39 \$.00 \$ 862.80 5611.05 5052.76 8629.06	.00 PAGE 650 01/29/04 GE COST PER ELIGIBLE \$ 1.44 .57 .76 .11 \$.12 .09 .03 \$.32 .19 .02 .01 .11 \$ 3.95 \$.03 \$.27 \$.00 \$.00 \$ 151.38 113.95 26.81 82.09
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 5,466 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS	1 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 144 77 91 22 28 21 7 52 30 4 1 20 26 4 3 0 0 959 111 29	CES AND EXPENDITURES E/DENTAL /ICES FOR CASH GRANT UNITS OF SERVICE OR DAYS OF CARE 347 \$ 76 245 26 40 \$ 29 11 68 \$ 31 5 2 30 622 \$ 71 \$ 15 \$ 0 \$ 0 \$ 7,535 \$ 487 128	.00 MONTH-OF-PAYMENT RE - DISABLED EXPENDITURES 7,862.27 3,100.91 4,151.52 609.84 630.44 480.70 149.74 1,764.44 1,015.40 115.05 34.60 599.39 21,605.20 170.36 1,483.17 .00 .00 827,426.36 622,826.06 146,530.00	.00 EPORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY \$ 22.66 40.80 16.94 23.46 \$ 15.76 16.58 13.61 \$ 25.95 32.75 23.01 17.30 19.98 \$ 34.74 \$ 2.40 \$ 98.88 \$.00 \$.00 \$ 109.81 1278.90 1144.77	.000 2003 THRU D 60 MO UNITS/DAYS PER ELIG .063 .014 .045 .005 .007 .005 .002 .012 .006 .001 .000 .005 .114 .013 .003 .003 .000 .000 1.379 .089 .023	.000 DEC 2003 DITHLY AVERA COST PER USER \$ 54.60 40.27 45.62 27.72 \$ 22.52 22.89 21.39 \$ 33.93 33.85 28.76 34.60 29.97 \$ 830.97 \$ 830.97 \$ 42.59 \$ 494.39 \$.00 \$ 862.80 5611.05 5052.76	.00 PAGE 650 01/29/04 GE COST PER ELIGIBLE \$ 1.44 .57 .76 .11 \$.12 .09 .03 \$.32 .19 .02 .01 .11 \$ 3.95 \$.03 \$.27 \$.00 \$.00 \$ 151.38 113.95 26.81

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.0	0
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.0	0
ALL OTHER ACCOM	52	219	132,823.30	606.50	.040	2554.29	24.3	0
ANCILLARIES	52	0	315,887.58	.00	.000	6074.76	57.7	9
INPATIENT CROSSOVERS	34	140	27,585.18	197.04	.026	811.33	5.0	5
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.0	0
HOSP OUTPATIENT TOTAL	893	7,048	204,600.30	29.03	1.289	229.12	37.4	3
MEDICAL	286	533	25,590.26	48.01	.098	89.48	4.6	8
SURGERY	52	56	1,862.01	33.25	.010	35.81	. 3	4
PATHOLOGY	445	2,518	26,381.41	10.48	.461	59.28	4.8	3
RADIOLOGY	280	462	38,183.54	82.65	.085	136.37	6.9	9
ROOM USE	440	685	28,584.66	41.73	.125	64.97	5.2	3
CROSSOVERS/ALL OTH OUTPTNT	260	2,794	83,998.42	30.06	.511	323.07	15.3	7
@COUNTY HOSPITAL TOTAL	18	109	\$ 10,810.88	\$ 99.18	.020	\$ 600.60	\$ 1.9	8
CO HOSPITAL INPATIENT TOTAL	1	8	7,320.00	915.00	.001	7320.00	1.3	4
HSC HOSPITALS	1	8	7,320.00	915.00	.001	7320.00	1.3	4

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	17	101	3,490.88	34.56	.018	205.35	.64
MEDICAL	6	8	185.77	23.22	.001	30.96	.03
SURGERY	2	2	87.01	43.51	.000	43.51	.02
PATHOLOGY	11	51	568.23	11.14	.009	51.66	.10
RADIOLOGY	5	8	1,741.52	217.69	.001	348.30	.32
ROOM USE	10	13	681.68	52.44	.002	68.17	.12
	8	19	226.67	11.93	.002	28.33	.04
CROSSOVERS/ALL OTH OUTPTNT							
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURES	MONIH-OF-PAYMENI R	EPORI FOR JAN .	ZUUS IHRU DEG	2003	PAGE 651
MOP024	FEE-FOR-SERVICE		DIGADIED	ATD CODE	60		01/29/04
AMADOR COUNTY	SUMMARY OF SERV	ICES FOR CASH GRANT	- DISABLED	AID CODE			C.F.
F 466 BLIGIDIES	HOEDO	INTEG OF GERVICE	EXPENDIBLE	ATTERNACE COOM	MON'		
5,466 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
ACOMMINITALY HOUDINAL MOMAI	0.47	OR DAYS OF CARE	016 615 40	PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	947	7,426 \$	816,615.48 615,506.06	\$ 109.97	1.359 \$.088	862.32	
COMM HOSP INPATIENT TOTAL	110	479		1284.98		5595.51	112.61
HSC HOSPITALS	28	120	139,210.00	1160.08	.022	4971.79	25.47
NON-HSC HOSPITALS TOTAL	52	219	448,710.88	2048.91	.040	8629.06	82.09
ACCOMMODATIONS	52	219	132,823.30	606.50	.040	2554.29	24.30
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	52	219	132,823.30	606.50	.040	2554.29	24.30
ANCILLARIES	52	0	315,887.58	.00	.000	6074.76	57.79
INPATIENT CROSSOVERS	34	140	27,585.18	197.04	.026	811.33	5.05
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	882	6,947	201,109.42	28.95	1.271	228.02	36.79
MEDICAL	283	525	25,404.49	48.39	.096	89.77	4.65
SURGERY	50	54	1,775.00	32.87	.010	35.50	.32
PATHOLOGY	436	2,467	25,813.18	10.46	.451	59.20	4.72
RADIOLOGY	276	454	36,442.02	80.27	.083	132.04	6.67
ROOM USE	435	672	27,902.98	41.52	.123	64.14	5.10
CROSSOVERS/ALL OTH OUTPTNT	256	2,775	83,771.75	30.19	.508	327.23	15.33
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	52	1,514 \$	199,295.84	\$ 131.64	.277 \$	3832.61	\$ 36.46
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	52	1,514	199,295.84	131.64	.277	3832.61	36.46
@INTERMEDIATE CARE FACILDD	0	0 \$.00	\$.00	.000 \$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	23	312 \$	40,030.61	\$ 128.30	.057 \$	1740.46	\$ 7.32
HOSPITAL BASED	12	138	26,794.36	194.16	.025	2232.86	4.90
HEMODIALYSIS CENTER	11	174	13,236.25	76.07	.032	1203.30	2.42
@REHABILITATION FACILITY	0	0 \$, 00	\$ 00	000 \$		

0 \$

915 \$

0

0

0

165

0

HOSPITAL BASED

@LABORATORY FACILITY

@REHABILITATION FACILITY

INDEPENDENT FACILITY

.00 \$

.00

.00

12,104.78 \$ 13.23

.00

.00

.00

.000 \$.00 \$

.167 \$ 73.36 \$

.000 .000 .00

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PATHOLOGY	154	893		12,034.80		13.48	.163	78.15		2.20
XO AND OTHERS	11	22		69.98		3.18	.004	6.36		.01
@ORGANIZED OUTPATIENT CLINIC	903	1,417	\$	190,310.49	\$	134.31	.259	\$ 210.75	\$	34.82
CLINIC	15	34		962.40		28.31	.006	64.16		.18
SURGICENTER	5	19		723.26		38.07	.003	144.65		.13
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	885	1,364		188,624.83		138.29	.250	213.14		34.51
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	S AND EXPENDITUR	RES MO	ONTH-OF-PAYMENT R	EPORT	FOR JAN	2003 THRU DI	EC 2003	PA	GE 652
MOP024	FEE-FOR-SERVICE/I	ENTAL								01/29/04
AMADOR COUNTY	SUMMARY OF SERVICE	ES FOR CASH GF	ANT -	- DISABLED		AID CODE	60			
							MOI	NTHLY AVERA	GE -	
5,466 ELIGIBLES	USERS U	NITS OF SERVICE]	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	COST PER	C	OST PER
		OR DAYS OF CARE	3		PER	UNIT/DAY	PER ELIG	USER	E	LIGIBLE
@ALL OTHER PROVIDERS	742	85,140	\$	240,087.29	\$	2.82	15.576	\$ 323.57	\$	43.92
DURABLE MED. EQUIP.	89	350		52,035.59		148.67	.064	584.67		9.52
DI COD DANIE	^	•		0.0		0.0	000	0.0		0.0

5,466 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@ALL OTHER PROVIDERS	742	85,140	\$ 240,087.29	\$ 2.82	15.576	\$ 323.57	
DURABLE MED. EQUIP.	89	350	52,035.59	148.67	.064	584.67	9.52
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	137	7,402	31,407.65	4.24	1.354	229.25	5.75
AMBULANCES/AIR TRANS	104	1,387	16,999.50	12.26	.254	163.46	3.11
OTHER TRANS	18	5,541	13,319.19	2.40	1.014	739.96	2.44
OTHER SERVICES	21	474	1,088.96	2.30	.087	51.86	.20
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	42	2,187	66,723.13	30.51	.400	1588.65	12.21
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	93	201	2,329.12	11.59	.037	25.04	.43
PHYSICAL THERAPIST	1	3	12.03	4.01	.001	12.03	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	14	53	11,525.55	217.46	.010	823.25	2.11
PROSTHETICS	7	46	11,158.46	242.58	.008	1594.07	2.04
ORTHOTICS	7	7	367.09	52.44	.001	52.44	.07
PSYCHOLOGIST	1	1	.33	.33	.000	.33	.00
SPEECH AND AUDIOLOGY	29	77	2,961.26	38.46	.014	102.11	.54
HOSPICE SERVICES	3	42	4,813.16	114.60	.008	1604.39	.88
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	98	8,051	39,078.20	4.85	1.473	398.76	7.15
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	302	66,773	29,201.27	.44	12.216	96.69	5.34
@CALIF. CHILDREN SERVICES*	60	12,459	\$ 57,966.65	\$ 4.65	2.279	\$ 966.11	\$ 10.60
@XOVER EXCLUDING STATE HOSP**	654	9,099	\$ •	\$ 8.79	1.665	\$ 122.31	\$ 14.63

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 653
MOP024 FEE-FOR-SERVICE/DENTAL
AMADOR COUNTY SUMMARY OF SERVICES FOR CGF 30-33 35 40 42 3A-3M 3P 3R 3U 3W 4C-4G

----- MONTHLY AVERAGE -----AVERAGE COST UNITS/DAYS COST PER 6,922 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @TOTAL, ALL PROVIDERS 3,704 19,399 1,335,141.44 \$ 68.83 2.803 \$ 360.46 \$ 192.88 131.55 \$ @PHYSICIANS SERVICES 984 2,566 129,449.54 50.45 .371 \$ 18.70 OUTPATIENT VISITS 581 757 28,415.42 37.54 .109 48.91 4.11 484 618 20,271.23 32.80 41.88 2.93 OFFICE VISITS .089 HOME VISITS 0 0 .00 .00 .000 .00 .00 2,821.62 EMERGENCY ROOM 55 56 50.39 .008 51.30 .41 PREVENTIVE CARE 2 2 71.89 35.95 .000 35.95 .01 OB VISITS/COMPRE PERI 39 59 4,695.92 79.59 .009 120.41 .68

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OTHER OUTPATIENT	20	22	554.76	25.22	.003	27.74	.08
INPATIENT VISITS	59	225	20,125.46	89.45	.033	341.11	2.91
HOSPITAL VISITS	54	115	5,610.45	48.79	.017	103.90	.81
CRITICAL CARE	9	110	14,515.01	131.95	.016	1612.78	2.10
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	10	14	549.13	39.22	.002	54.91	.08
EXAMINATIONS	10	14	549.13	39.22	.002	54.91	.08
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	56	409	37,219.52	91.00	.059	664.63	5.38
PRINCIPAL SURGEON	40	51	29,494.91	578.33	.007	737.37	4.26
ASSISTANT SURGEON	12	12	2,863.77	238.65	.002	238.65	.41
ANESTHESIOLOGIST	22	346	4,860.84	14.05	.050	220.95	.70
OUTPATIENT SURGERY	73	260	15,877.46	61.07	.038	217.50	2.29
PRINCIPAL SURGEON	58	71	12,012.85	169.20	.010	207.12	1.74
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	23	189	3,864.61	20.45	.027	168.03	.56
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	82	121	2,264.35	18.71	.017	27.61	.33
RADIOLOGY	342	505	10,939.37	21.66	.073	31.99	1.58
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	16	30	626.27	20.88	.004	39.14	.09
OTHER SERVICES/ALL X-OVERS	101	245	13,432.56	54.83	.035	133.00	1.94
@PHARMACY	1,919	4,948 \$	242,783.73	\$ 49.07	.715 \$		
PRESCRIPTION DRUGS	1,910	4,819	241,882.92	50.19	.696	126.64	34.94
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	1,910	4,819	241,882.92	50.19	.696	126.64	34.94
MEDICAL SUPPLIES	23	129	900.81	6.98	.019	39.17	.13
@DENTIST	230	1,382 \$	52,616.35	\$ 38.07	.200 \$		
VISITS - DIAGNOSTIC	168	817	11,896.10	14.56	.118	70.81	1.72
ORAL SURGERY	40	156	10,139.00	64.99	.023	253.48	1.46
DRUGS	12	12	175.00	14.58	.002	14.58	.03
ANESTHESIA	5	5	500.00	100.00	.002	100.00	.03
PERIODONTICS	4	4	655.00	163.75	.001	163.75	.07
ENDODONTICS ENDODONTICS	30	71	7,961.00	112.13	.010	265.37	1.15
RESTORATIVE DENTISTRY	87	275	17,209.25	62.58	.040	197.81	2.49
PROSTHETICS	0	275	.00	.00	.000	.00	.00
	9	22		116.05		283.67	
DENTURES, STAYPLATES	9	6	2,553.00 573.00	95.50	.003	143.25	.37
SPACE MAINTAINERS	4	1	50.00	50.00	.000	50.00	.08
MAXILLOFACIAL SERVICES	0	0				.00	
FRACTURES, DISLOCATIONS	3	3	.00	.00	.000		.00
ORTHODONTIC SERVICES	9	10	755.00	251.67 15.00	.000 .001	251.67 16.67	.11
ALL OTHER SERVICES	-		150.00				
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES I	MONTH-OF-PAYMENT R	EPORT FOR JAN 2	2003 THRU DE	C 2003	PAGE 654
MOP024	FEE-FOR-SERVICE		25 40 40 27 27 27	25 277 277 407 407			01/29/04
AMADOR COUNTY	SUMMARY OF SERV	ICES FOR CGF 30-33	35 40 42 3A-3M 3P	3K 3U 3W 4C-4G	MON	יישווע אוועיי	GF
6,922 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
0,722 111011110	ODDING	OR DAYS OF CARE	DAL DIADITORED	PER UNIT/DAY		USER	ELIGIBLE

						1.10	ти т	אינה א א דודוו	LUL.	
6,922 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	3	COST PER		COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	97	225	\$ 5,603.10	\$	24.90	.033	\$	57.76	\$.81
DIAGNOSTIC AND ANC. PROCED	70	71	3,211.93		45.24	.010		45.88		.46
EYE APPLIANCES	50	142	2,208.56		15.55	.021		44.17		.32
OTHER OPTOMETRIC SERVICES	12	12	182.61		15.22	.002		15.22		.03
@CHIROPRACTOR	13	16	\$ 263.34	\$	16.46	.002	\$	20.26	\$.04
VISITS	13	16	263.34		16.46	.002		20.26		.04
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	7	10	\$ 348.88	\$	34.89	.001	\$	49.84	\$.05
MEDICINE/INJECTIONS	5	6	222.40		37.07	.001		44.48		.03
SURGERY/ANES.	3	4	126.48		31.62	.001		42.16		.02
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	0	0	.00		.00	.000		.00		.00

@HOME HEALTH AGENCY	6	24	\$	1,572.99	\$	65.54	.003	\$	262.17	\$.23
NURSE ANESTHESIST	0	0 8 0 8 0 8 4,560 8	S	.00	\$.00	.000		.00	\$.00
NURSE MIDWIFE	0	0 3	Ť.		\$.00	.000		.00		.00
PEDIATRIC NURSE PRACTITIONER	0	0	Υ	.00	\$.00	.000		.00	\$.00
	. 0	0	ې 4		ې ط						
FAMILY NURSE PRACTITIONER	0 1,094	U	Ş		\$.00	.000		.00		.00
@TOTAL HOSPITAL	1,094	4,560	\$	601,859.61	\$	131.99	.659		550.15	\$	86.95
HOSP INPATIENT TOTAL	59	328		472,253.40		1439.80	.047		8004.29		68.22
HSC HOSPITALS	59 24	194		246,978.05		1273.08	.028	1	0290.75		35.68
NON-HSC HOSPITAL TOTAL	38	134		225,275.35		1681.16	.019		5928.30		32.54
ACCOMMODATIONS	38	134		67,385.68		502.88	.019		1773.31		9.74
ACCOMMODALIONS	30										
ADMINISTRATIVE DAYS	Ţ.	2		462.60		231.30	.000		462.60		.07
TRANSITIONAL IP CARE	1 0 37	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	37	132		66,923.08		506.99	.019		1808.73		9.67
ANCILLARIES	37 37	0		157,889.67		.00 506.99 .00	.000		4267.29		22.81
INDATE ENTE CALCACIONERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	Ô	0		0.0		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0 1,063	0 0 0 4,232 1,009 36		157,889.67 .00 .00 129,606.21		30.63	.611		121.92		18.72
HOSP OUTPATIENT TOTAL	1,003	1,232		129,000.21							
MEDICAL	654	1,009		45,866.84		45.46	.146		70.13		6.63
SURGERY	31	36		1,572.18		43.67	.005		50.72		.23
PATHOLOGY	352	1,217		14,254.07		11.71	.176		40.49		2.06
RADIOLOGY	294	406		22,933.28		56.49	.059		78.00		3.31
ROOM USE	679	935		36,269.58		38.79	.135		53.42		5.24
CROSSOVERS/ALL OTH OUTPTNT				8,710.26		13.85	.091		28.10		1.26
@COUNTY HOSPITAL TOTAL	15		4	1,865.57	بخ		.009	ė.	124.37	بي	.27
	Τ2		\$		Ş			Þ		Þ	
CO HOSPITAL INPATIENT TOTAL		0		.00		.00	.000		.00		.00
HSC HOSPITALS	U	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	Ô	Ô		.00		.00	.000		.00		.00
	0	0		.00			.000		.00		
ALL OTHER ACCOM	0	0				.00					.00
ANCILLARIES	Ü	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	15	65		1,865.57		28.70	.009		124.37		.27
MEDICAL	9	10		255.91		25.59	.001		28.43		.04
SURGERY	2	4		178.86		44.72	.001		89.43		.03
PATHOLOGY	<u> </u>	18		246.90		13.72	.003		49.38		.04
	5										
RADIOLOGY	4	4		130.10		32.53	.001		32.53		.02
ROOM USE	15	18		753.14		41.84	.003		50.21		.11
CROSSOVERS/ALL OTH OUTPTNT	5	11		300.66		27.33	.002		60.13		.04
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVI	CES AND EXPENDITURES	S MOI	NTH-OF-PAYMENT RE	EPOR	T FOR JAN	2003 THRU I	DEC	2003	PΙ	AGE 655
MOP024	FEE-FOR-SERVIC	E/DENTAL									01/29/04
AMADOR COUNTY		VICES FOR CGF 30-33	3 35	40 42 3A-3M 3P 3	3R 3	II 3W 4C-4G					
							MO	нтис	TY AVERA	GE -	
6.922 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	2/17	FRACE COST	UNITS/DAYS				COST PER
0,922 EDIGIBLES	OSEKS	OR DAYS OF CARE		EXPENDITORES		R UNIT/DAY		, C	USER		ELIGIBLE
- GOVA (TRITTELL 110 GRITTAL TOTAL	1 000		4	599,994.04				4			
@COMMUNITY HOSPITAL TOTAL	1,082		\$		Ş	133.48	.649		554.52	Ş	86.68
COMM HOSP INPATIENT TOTAL	59	328		472,253.40		1439.80	.047		8004.29		68.22
HSC HOSPITALS	24	194		246,978.05		1273.08	.028	1	0290.75		35.68
NON-HSC HOSPITALS TOTAL	38	134		225,275.35		1681.16	.019		5928.30		32.54
ACCOMMODATIONS	38	134		67,385.68		502.88	.019		1773.31		9.74
ADMINISTRATIVE DAYS	1	2		462.60		231.30	.000		462.60		.07
	0	0									
TRANSITIONAL IP CARE				.00		.00	.000		.00		.00
ALL OTHER ACCOM	37	132		66,923.08		506.99	.019		1808.73		9.67
ANCILLARIES	37	0		157,889.67		.00	.000		4267.29		22.81
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	1,051	4,167		127,740.64		30.66	.602		121.54		18.45
MEDICAL	646	999		45,610.93		45.66	.144		70.61		6.59
HEDICAL	040	フフフ		40,010.93		7J.00	.144		70.01		0.05

SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPINT	29 348 291 666 305	32 1,199 402 917 618	1,393.32 14,007.17 22,803.18 35,516.44 8,409.60		43.54 11.68 56.72 38.73 13.61	.005 .173 .058 .132		48.05 40.25 78.36 53.33 27.57		.20 2.02 3.29 5.13 1.21
@STATE HOSPITAL	0	0	\$.00	\$.00		\$.00	\$.00
MENTALLY ILL	0	0	.00	•	.00	.000	•	.00	•	.00
DEVELOP. DISABLED	0	0	.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0	.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0	.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
LEV B-REGULAR	0	0	.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00

ICF DDH	0	0		.00)	.00	.000		.00		.00
ICF DD	0	0		.00)	.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00)	.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00)	.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00)	.00	.000		.00		.00
@REHABILITATION FACILITY	1	8	\$	156.88	\$	19.61	.001	\$	156.88	\$.02
HOSPITAL BASED	1	8		156.88	}	19.61	.001		156.88		.02
INDEPENDENT FACILITY	0	0		.00)	.00	.000		.00		.00
@LABORATORY FACILITY	147	457	\$	7,693.67	\$	16.84	.066	\$	52.34	\$	1.11
PATHOLOGY	147	457		7,693.67	'	16.84	.066		52.34		1.11
XO AND OTHERS	0	0		.00)	.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	976	1,455	\$ 2	247,184.03	\$	169.89	.210	\$	253.26	\$	35.71
CLINIC	12	29		740.46	;	25.53	.004		61.71		.11
SURGICENTER	9	71		2,220.81		31.28	.010		246.76		.32
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	957	1,355	2	244,222.76	i	180.24	.196		255.20		35.28
	MEDI-CAL SERVICES AND	EXPENDITURE	S MONTH-O	F-PAYMENT	REPORT	FOR JAN	2003 THRU	DEC	2003	PΑ	GE 656
MOP024	FEE-FOR-SERVICE/DENTA										01/29/04
AMADOD COINTY	CIMMADA OF CEDITAGE E	OD GGE 30 3	2 25 40 4	ገ ጋ지 ጋኒ/ ጋኮ	דד כי חכי	214 / / /	7				

AMADOR COUNTY SUMMARY OF SERVICES FOR CGF 30-33 35 40 42 3A-3M 3P 3R 3U 3W 4C-4G

AMADOR COUNTI	SUMMANT OF SER	VICES FOR CGF 50	-33 3	J TO TE SA-SM SF	3K 30 3W 4C-4G			
						MOI		-
6,922 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY		USER	ELIGIBLE
@ALL OTHER PROVIDERS	494	3,748	\$	45,609.32	\$ 12.17	.541	92.33	\$ 6.59
DURABLE MED. EQUIP.	18	25		1,722.05	68.88	.004	95.67	.25
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	1		669.28	669.28	.000	669.28	.10
MEDICAL TRANSPORTATION	72	1,009		16,828.68	16.68	.146	233.73	2.43
AMBULANCES/AIR TRANS	72	1,006		11,428.68	11.36	.145	158.73	1.65
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	2	3		5,400.00	1800.00	.000	2700.00	.78
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	9	9		895.00	99.44	.001	99.44	.13
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	56	119		1,158.60	9.74	.017	20.69	.17
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	6	25		2,924.92	117.00	.004	487.49	.42
PROSTHETICS	3	22		2,717.26	123.51	.003	905.75	.39
ORTHOTICS	3	3		207.66	69.22	.000	69.22	.03
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	333	2,260		21,199.99	9.38	.326	63.66	3.06
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2	300		210.80	.70	.043	105.40	.03
@CALIF. CHILDREN SERVICES*	19	1,376	\$	144,015.20	\$ 104.66	.199	7579.75	\$ 20.81
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	.00	\$.00
* TOTALO IN TURCE LINEO ADE	CITIENT AC A CEDA	DATE TATEODMATTOM	TUTTA	ONT W.				

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 657 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

AMADOR COUNTY SUMMARY OF SERVICES FOR CASH GRANT - TOTAL

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

13,444 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE			PE:	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	8,904	199,774 \$	5	5,119,356.50	\$	25.63	14.860		574.95	\$	380.79
@PHYSICIANS SERVICES	2,584	8,804 \$		303,723.65	\$	34.50	.655		117.54		22.59
OUTPATIENT VISITS	1.229	1,703		59,834.20	•	35.13	.127	•	48.69		4.45
OFFICE VISITS	1,229 1,056	1,432		45,746.38		31.95	.107		43.32		3.40
HOME VISITS	5	1, 432		223.10		37.18	.000		44.62		.02
	98	116		6,768.97		58.35	.009		69.07		.50
EMERGENCY ROOM						35.95					
PREVENTIVE CARE	2	2		71.89			.000		35.95		.01
OB VISITS/COMPRE PERI	40	60		4,807.92		80.13	.004		120.20		. 36
OTHER OUTPATIENT	78	87		2,215.94		25.47	.006		28.41		.16
INPATIENT VISITS	153	566		36,212.93		63.98	.042		236.69		2.69
HOSPITAL VISITS	119	403		18,955.56		47.04	.030		159.29		1.41
CRITICAL CARE	16	121		16,076.72		132.87	.009		1004.80		1.20
SNF/ICF/TRANS IP CARE	28	42		1,180.65		28.11	.003		42.17		.09
OPHTHALMOLOGICAL SERVICES	22	30		1,191.38		39.71	.002		54.15		.09
EXAMINATIONS	22	30		1,191.38		39.71	.002		54.15		.09
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	106	1,404		78,041.35		55.59	.104		736.24		5.80
PRINCIPAL SURGEON	74	102		62,218.70		609.99	.008		840.79		4.63
ASSISTANT SURGEON	14	14		4,662.34		333.02	.001		333.02		.35
ANESTHESIOLOGIST	44	1,288		11,160.31		8.66	.096		253.64		.83
OUTPATIENT SURGERY	162	452		32,200.86		71.24	.034		198.77		2.40
PRINCIPAL SURGEON	134	164		26,144.64		159.42	.012		195.11		1.94
	0	0									.00
ASSISTANT SURGEON				.00		.00	.000		.00		
ANESTHESIOLOGIST	37	288		6,056.22		21.03	.021		163.68		. 45
DIALYSIS	13	70		3,470.44		49.58	.005		266.96		. 26
PATHOLOGY	195	512		7,759.66		15.16	.038		39.79		.58
RADIOLOGY	708	1,183		36,422.46		30.79	.088		51.44		2.71
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	40	63		1,099.41		17.45	.005		27.49		.08
OTHER SERVICES/ALL X-OVERS	889	2,821		47,490.96		16.83	.210		53.42		3.53
@PHARMACY	6,391	62,221 \$	5	2,042,369.93	\$	32.82	4.628	\$	319.57	\$	151.92
PRESCRIPTION DRUGS	6,343	24,899		1,986,558.95		79.78	1.852		313.19		147.77
SNF/ICF	77	606		50,852.39		83.91	.045		660.42		3.78
OUTPATIENTS	6,271	24,293		1,935,706.56		79.68	1.807		308.68		143.98
MEDICAL SUPPLIES	393	37,322		55,810.98		1.50	2.776		142.01		4.15
©DEMUT CIT	177	2,491 \$	5	106,880.25	\$	42.91	.185	Ś	224.07	Ġ	7.95
VISITS - DIAGNOSTIC	327	1,472		20,199.00	-	13.72	.109	т.	61.77	т.	1.50
ORAL SURGERY	327 94 13 6	257		16,559.00		64.43	.019		176.16		1.23
DRUGS	13	13		190.00		14.62	.001		14.62		.01
ANESTHESIA	6	6		600.00		100.00	.000		100.00		.04
PERIODONTICS	19	23		2,954.00		128.43	.002		155.47		.22
ENDODONTICS	49	100		15,015.00		150.15	.007		306.43		1.12
RESTORATIVE DENTISTRY	160	507		34,973.25		68.98	.038		218.58		2.60
	3	3		•		20.00	.000		20.00		.00
PROSTHETICS				60.00							
DENTURES, STAYPLATES	45	85		14,802.00		174.14	.006		328.93		1.10
SPACE MAINTAINERS	4	6		573.00		95.50	.000		143.25		.04
MAXILLOFACIAL SERVICES	Ţ	1		50.00		50.00	.000		50.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	3	3		755.00		251.67			251.67		.06
ALL OTHER SERVICES	13	15		150.00		10.00			11.54		.01
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURES	S M	IONTH-OF-PAYMENT R	EPOR'	T FOR JAN 2	2003 THRU :	DEC	2003	Р	AGE 658
MOP024	FEE-FOR-SERVICE										01/29/04
AMADOR COUNTY	SUMMARY OF SERV	ICES FOR CASH GRAN	$^{ m IT}$	- TOTAL							
							M	TNC	HLY AVERA	.GE	
13,444 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AV	ERAGE COST					COST PER
•		OR DAYS OF CARE				R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	277	634 \$	5	15,444.47			.047		55.76		1.15
DIAGNOSTIC AND ANC. PROCED	161	162		6,692.81	'	41.31	.012		41.57		.50
				.,							

EYE APPLIANCES	160	432		7,802.84		18.06	.032		48.77		.58
OTHER OPTOMETRIC SERVICES	39	40		948.82		23.72	.003		24.33		.07
@CHIROPRACTOR	41	56 \$	5	893.78	\$	15.96	.004	\$	21.80	\$.07
VISITS	34	45		744.04		16.53	.003		21.88		.06
OTHER SERVICES	7	11		149.74		13.61	.001		21.39		.01
@PODIATRIST	94	126 \$	5	2,612.17	\$	20.73	.009	Ś	27.79	Ś	.19
MEDICINE/INJECTIONS	35	37		1,237.80	Υ	33.45	.003	т	35.37	Τ.	.09
SURGERY/ANES.	7	9		241.53		26.84	.001		34.50		.02
	1	2		34.60		17.30	.000		34.60		.00
RADIO./PATHOLOGY	55										
OTHER		78		1,098.24	4	14.08	.006		19.97		.08
@HOME HEALTH AGENCY	32	646 \$		23,178.19	\$	35.88	.048	\$	724.32		1.72
NURSE ANESTHESIST	4	71 \$;	170.36	\$	2.40	.005	\$	42.59	\$.01
NURSE MIDWIFE	3	15 \$	5	1,483.17	\$	98.88	.001	\$	494.39	\$.11
PEDIATRIC NURSE PRACTITIONER	0	0 \$	5	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$;	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	2,112	12,338 \$	5	1,490,657.13	\$	120.82	.918	\$	705.80	\$	110.88
HOSP INPATIENT TOTAL	190	930		1,152,649.49	·	1239.41	.069	•	6066.58	·	85.74
HSC HOSPITALS	58	381		437,113.08		1147.28	.028		7536.43		32.51
NON-HSC HOSPITAL TOTAL	90	353		673,986.23		1909.31	.026		7488.74		50.13
ACCOMMODATIONS	90	353		200,208.98		567.16	.026		2224.54		14.89
	1	2							462.60		
ADMINISTRATIVE DAYS				462.60		231.30	.000				.03
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	89	351		199,746.38		569.08	.026		2244.34		14.86
ANCILLARIES	89	0		473,777.25		.00	.000		5323.34		35.24
INPATIENT CROSSOVERS	49	196		41,550.18		211.99	.015		847.96		3.09
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	1,997	11,408		338,007.64		29.63	.849		169.26		25.14
MEDICAL	953	1,560		72,255.96		46.32	.116		75.82		5.37
SURGERY	83	92		3,434.19		37.33	.007		41.38		.26
PATHOLOGY	808	3,772		41,202.82		10.92	.281		50.99		3.06
RADIOLOGY	579	876		61,877.81		70.64	.065		106.87		4.60
ROOM USE	1,128	1,632		65,272.45		40.00	.121		57.87		4.86
											6.99
CROSSOVERS/ALL OTH OUTPTNT		3,476		93,964.41	4	27.03	.259	4	158.19	4	
@COUNTY HOSPITAL TOTAL	33	174 \$	5	12,676.45	Ş	72.85	.013	Ş	384.13	Ş	.94
CO HOSPITAL INPATIENT TOTAL		8		7,320.00		915.00	.001		7320.00		.54
HSC HOSPITALS	1	8		7,320.00		915.00	.001		7320.00		.54
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	Ŏ	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	32	166		5,356.45		32.27	.012		167.39		.40
	15	18		441.68		24.54			29.45		.03
MEDICAL	4						.001				
SURGERY		6		265.87		44.31	.000		66.47		.02
PATHOLOGY	16	69		815.13		11.81	.005		50.95		.06
RADIOLOGY	9	12		1,871.62		155.97	.001		207.96		.14
ROOM USE	25	31		1,434.82		46.28	.002		57.39		.11
CROSSOVERS/ALL OTH OUTPTNT		30		527.33		17.58	.002		40.56		.04
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES	MOI	NTH-OF-PAYMENT RI	EPOR'	T FOR JAN 2	2003 THRU	DEC	2003	Ρź	AGE 659
MOP024	FEE-FOR-SERVICE	/DENTAL									01/29/04
AMADOR COUNTY	SUMMARY OF SERV	ICES FOR CASH GRAN	IT -	TOTAL							
							M	ONT:	HLY AVERA	GE ·	
13,444 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	Δ17	ERAGE COST		-	COST PER	-	COST PER
13,111 111011110	00210	OR DAYS OF CARE				R UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2,088	12,164 \$!	1,477,980.68		121.50	.905		707.85		109.94
	189	922	,		Ą			Ą	6059.94	ې	85.19
COMM HOSP INPATIENT TOTAL HSC HOSPITALS	189 57	373		1,145,329.49 429,793.08		1242.22 1152.26	.069 .028		7540.23		31.97
UPC UOSETTALS	5 /	3/3		449,193.08		TT32.20	.∪∠8		7540.23		31.97

	NON-HSC HOSPITALS TOTAL	90	353		673,986.23		1909.31	.026		7488.74		50.13
	ACCOMMODATIONS	90	353		200,208.98		567.16	.026		2224.54		14.89
	ADMINISTRATIVE DAYS	1	2		462.60		231.30	.000		462.60		.03
	TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
	ALL OTHER ACCOM	89	351		199,746.38		569.08	.026		2244.34		14.86
	ANCILLARIES	89	0		473,777.25		.00	.000		5323.34		35.24
	INPATIENT CROSSOVERS	49	196		41,550.18		211.99	.015		847.96		3.09
	ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
	COMM HOSP OUTPATIENT TOTAL	1,974	11,242		332,651.19		29.59	.836		168.52		24.74
	MEDICAL	942	1,542		71,814.28		46.57	.115		76.24		5.34
	SURGERY	79	86		3,168.32		36.84	.006		40.11		.24
	PATHOLOGY	795	3,703		40,387.69		10.91	.275		50.80		3.00
	RADIOLOGY	572	864		60,006.19		69.45	.064		104.91		4.46
	ROOM USE	1,110	1,601		63,837.63		39.87	.119		57.51		4.75
	CROSSOVERS/ALL OTH OUTPTNT		3,446		93,437.08		27.11	.256		159.72		6.95
@S	FATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
	MENTALLY ILL	0	0		.00		.00	.000		.00		.00
	DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@N	URSING FACILITY	80	2,109	\$	282,724.85	\$	134.06	.157	\$	3534.06	\$	21.03
	LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
	LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
	LEV B-SUBACUTE FREESTANDING		0		.00		.00	.000		.00		.00
	LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
	LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
	LEV B-REGULAR	80	2,109		282,724.85		134.06	.157		3534.06		21.03
@I	NTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
	ICF DDH	0	0		.00		.00	.000		.00		.00
	ICF DD	0	0		.00		.00	.000		.00		.00
	ICF DDN/DDCN EMODIALYSIS TOTAL HOSPITAL BASED HEMODIALYSIS CENTER EHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@H	EMODIALYSIS TOTAL	23	312	\$	40,030.61	\$	128.30		\$	1740.46	\$	2.98
	HOSPITAL BASED	12	138		26,794.36		194.16	.010		2232.86		1.99
	HEMODIALYSIS CENTER	11	174		13,236.25		76.07	.013		1203.30		.98
@R	EHABILITATION FACILITY	1	8	\$	156.88	\$	19.61	.001	\$	156.88	\$.01
	HOSPITAL BASED	1	8		156.88		19.61	.001		156.88		.01
	INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@Ъ	ABORATORY FACILITY	316	1,381	\$	19,850.20	\$	14.37	.103	\$	62.82	\$	1.48
	PATHOLOGY	301	1,350		19,728.47		14.61	.100		65.54		1.47
	XO AND OTHERS	15	31		121.73		3.93	.002		8.12		.01
	RGANIZED OUTPATIENT CLINIC	2,004	3,092	\$	448,855.85	\$	145.17	.230	\$	223.98	\$	33.39
	CLINIC	27	63		1,702.86		27.03	.005		63.07		.13
	SURGICENTER	15	91		3,147.25		34.59	.007		209.82		.23
	HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
	RURAL HEALTH CLINIC	1,966	2,938		444,005.74		151.13	.219		225.84		33.03
	ALIF DEPT OF HEALTH SERV			JRES M	MONTH-OF-PAYMENT RI	EPORT	FOR JAN 2	2003 THRU 1	DEC	2003	P	AGE 660
	OP024	FEE-FOR-SERVICE										01/29/04
A	MADOR COUNTY	SUMMARY OF SERV	ICES FOR CASH O	GRANT	- TOTAL							
								M				
	13,444 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES			UNITS/DAY				COST PER
			OR DAYS OF CAR					PER ELIG		USER		ELIGIBLE
	LL OTHER PROVIDERS	1,478	105,470	\$	340,325.01	\$	3.23	7.845	\$	230.26	\$	25.31
	DURABLE MED. EQUIP.	116	412		58,833.95		142.80	.031		507.19		4.38
	BLOOD BANK	0	0		.00		.00	.000		.00		.00
	HEARING AID DISPENSERS	2	2		1,118.70		559.35	.000		559.35		.08
	MEDICAL TRANSPORTATION	234	8,842		49,746.04		5.63	.658		212.59		3.70

11.76

2.42

9.36

.00

17.12

99.44

28,946.46

13,592.32

7,207.26

616.35

895.00

.00

.183

.417

.057

.003

.000

.001

161.71

566.35

184.80

68.48

99.44

.00

2.15

1.01

.54

.05

.00

.07

2,462

5,610

770

36

0

9

179

24

39

9

0

9

OTHER TRANS

ACUPUNCTURE

OTHER SERVICES

AMBULANCES/AIR TRANS

ADULT DAY HEALTH CARE CTR

GENETIC DISEASE TESTING

IHMC, MODEL-NF, NF, AIDS, MSSP	124	2,596	90,215.44	34.75	.193	727.54	6.71
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	167	364	3,932.86	10.80	.027	23.55	.29
PHYSICAL THERAPIST	1	3	12.03	4.01	.000	12.03	.00
PORTABLE X-RAY	1	2	1.30	.65	.000	1.30	.00
PROSTHETIST/ORTHOTISTS	23	83	14,663.73	176.67	.006	637.55	1.09
PROSTHETICS	13	73	14,088.98	193.00	.005	1083.77	1.05
ORTHOTICS	10	10	574.75	57.48	.001	57.48	.04
PSYCHOLOGIST	1	1	.33	.33	.000	.33	.00
SPEECH AND AUDIOLOGY	32	80	3,128.14	39.10	.006	97.75	.23
HOSPICE SERVICES	3	42	4,813.16	114.60	.003	1604.39	.36
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	434	17,680	69,875.21	3.95	1.315	161.00	5.20
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

436 75,318 42,472.77 .56 5.602 97.41 3.16 ALL OTHER PROVIDERS @CALIF. CHILDREN SERVICES* 85 13,956 212,624.37 \$ 15.24 1.038 \$ 2501.46 \$ 15.82 @XOVER EXCLUDING STATE HOSP** 987 124,539.68 \$.812 \$ 126.18 \$ 10,918 \$ 11.41 9.26

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 661
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
AMADOR COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS AID CODES 47 69

MOPUZ4	FEE-FOR-SERVICE		000000	TATERANDO	ATD CODEC 45	CO		0.	1/25/04
AMADOR COUNTY	SUMMARY OF SERV	ICES FOR 185% PRO	OGRAM -	- INFANTS	AID CODES 47			~-	
						MON			
303 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST				Γ PER
		OR DAYS OF CARE			PER UNIT/DAY		USER		GIBLE
@TOTAL, ALL PROVIDERS	152	800	\$	69,047.50	\$ 86.31	2.640 \$		\$ 22	27.88
@PHYSICIANS SERVICES	54	183	\$	10,679.95	\$ 58.36	.604 \$	197.78	\$ 3	35.25
OUTPATIENT VISITS	33	43		1,373.47	31.94	.142	41.62		4.53
OFFICE VISITS	29	39		1,185.38	30.39	.129	40.88		3.91
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	2	2		132.46	66.23	.007	66.23		.44
PREVENTIVE CARE	_ 1	_ 1		34.69	34.69	.003	34.69		.11
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00		.00
OTHER OUTPATIENT	1	1		20.94	20.94	.003	20.94		.07
INPATIENT VISITS	5	44		5,340.43	121.37	.145	1068.09		17.63
HOSPITAL VISITS	4	24		1,364.41	56.85	.079	341.10	-	4.50
CRITICAL CARE	2	20		3,976.02	198.80	.066	1988.01	-	13.12
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	-	.00
	0	0		.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00					
EXAMINATIONS	0	0			.00	.000	.00		.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	4	16		1,378.36	86.15	.053	344.59		4.55
PRINCIPAL SURGEON	2	2		916.79	458.40	.007	458.40		3.03
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	2	14		461.57	32.97	.046	230.79		1.52
OUTPATIENT SURGERY	1	12		878.09	73.17	.040	878.09		2.90
PRINCIPAL SURGEON	1	1		648.05	648.05	.003	648.05		2.14
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	1	11		230.04	20.91	.036	230.04		.76
DIALYSIS	0	0		.00	.00	.000	.00		.00
PATHOLOGY	1	11		85.79	7.80	.036	85.79		.28
RADIOLOGY	17	44		746.02	16.96	.145	43.88		2.46
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	1	1		35.00	35.00	.003	35.00		.12
OTHER SERVICES/ALL X-OVERS	8	12		842.79	70.23	.040	105.35		2.78
@PHARMACY	66	122	\$	2,642.48	\$ 21.66	.403 \$		Ġ	8.72
PRESCRIPTION DRUGS	66	122	т	2,642.63	21.66	.403	40.04	т	8.72
SNF/ICF	0	0		.00	.00	.000	.00		.00
OUTPATIENTS	66	122		2,642.63	21.66	.403	40.04		8.72
MEDICAL SUPPLIES	0	0		.15CR		.000	.00		.00
@DENTIST	0	0	\$.00		.000 \$		Ġ	.00
VISITS - DIAGNOSTIC	0	0	٧	.00	.00	.000	.00	٧	.00
ORAL SURGERY	0	0		.00	.00	.000	.00		.00
DRUGS	0	0		.00	.00	.000	.00		.00
ANESTHESIA	0	0		.00	.00	.000	.00		.00
	0	0		.00	.00	.000	.00		
PERIODONTICS	0	0							.00
ENDODONTICS	0	0		.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00		.00
PROSTHETICS	0	0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0	Ü		.00	.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00

ORTHODONTIC SERVICES ALL OTHER SERVICES

0 0 0 0

.00 .00

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

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01/29/04

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#CALIF DEPT OF HEALTH SERV MOP024

FEE-FOR-SERVICE/DENTAL

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MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
AMADOR COUNTY	SUMMARY OF SERVICES FOR	185% PR	OGRAM -	- INFANTS	AI:	D CODES 47					
							M			GΕ	
303 ELIGIBLES	USERS UNITS OF	' SERVICE		EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S			COST PER
	OR DAYS	OF CARE	:		PE:	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	•	.00	•	.00	.000		.00		.00
EYE APPLIANCES	0	Ö		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	Ö		.00		.00	.000		.00		.00
	0	0	\$.00	\$.00	.000	۲,	.00	۲,	.00
@CHIROPRACTOR	0	0	Ş		Ą			Ą		Ą	
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000	4.	.00	4.	.00
@PODIATRIST	0	0	\$		\$.00	.000	Ş	.00	Ş	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0 0 0 0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	Ė	.00	Ś	.00	.000		.00		.00
NURSE MIDWIFE	0	Ô	\$ \$ \$ \$	0.0	Ś	0.0	.000		.00		.00
ספודאייסור אוווספי הסארידידראוים	0	ñ	Ċ	0.0	Ġ	00	.000		.00		.00
FAMILY NURSE PRACTITIONER	0	0	ς.	.00	Ģ.	.00	.000		.00		.00
emomal Hoodimar	76		ې ط	42 740 50	ې بې	162.05					
@TOTAL HOSPITAL	/ 0	267	Þ	.00 .00 43,748.59 36.695.84	Ş	103.85		Ş	575.64	Ş	144.38
HOSP INPATIENT TOTAL	4	24		36,695.84		1528.99	.079		9173.96		121.11
HSC HOSPITALS	3	23		35,474.00		1542.35	.076		11824.67		117.08
NON-HSC HOSPITAL TOTAL	1	1		1,221.84		1221.84	.003		1221.84		4.03
ACCOMMODATIONS	1	1		545.85		1528.99 1542.35 1221.84 545.85	.003		545.85		1.80
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0 76 4 3 1 1 0 0 1 1 0 0 73 55	0 0 1		545.85		545.85	.003		545.85		1.80
ANCILLARIES	1	0		675.99		.00	.000		675.99		2.23
INPATIENT CROSSOVERS	0	0		0.0		0.0	.000		.00		.00
ALL OTHER INPATIENT	0	Ö		.00		0.0	.000		0.0		.00
HOSP OUTPATIENT TOTAL	73	243		7,052.75		.00 29.02 37.98 125.65	.802		96.61 55.25		23.28
MEDICAL	7.5	80		3,038.64		27.02			56.01		10.03
GIDGEDA	1	1		125 65		105 65	.003		55.25 125.65 30.77 40.85		.41
501102111	17			125.65		145.05	.003		123.03		
PATHOLOGY	17 15	56		272.14		2.34	.185		30.77		1.73
RADIOLOGY		17		612.80		36.05	.056		40.85		2.02
ROOM USE	41	59		2,249.16		38.12	• 1 7 3		51.00		7.42
CROSSOVERS/ALL OTH OUTPINT	18	30		503.36		16.78	.099		27.96		1.66
@COUNTY HOSPITAL TOTAL	2	13	\$	629.31	\$.043		314.66	\$	2.08
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	Ö		.00		.00	.000		.00		.00
ANCILLARIES	0	n		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
	0	0				.00					
ALL OTHER INPATIENT	U			.00			.000		.00		.00
CO HOSP OUTPATIENT TOTAL	∠	13		629.31		48.41	.043		314.66		2.08
MEDICAL	2	2		220.47		110.24	.007		110.24		.73
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	1	5 2		61.41		12.28	.017		61.41		.20
RADIOLOGY	1	2		236.59		118.30	.007		236.59		.78
ROOM USE	2	2		88.95		44.48	.007		44.48		.29

CROSSOVERS/ALL OTH OUTPTNT 1 2 21.89 .07 PAGE 663 10.95 .007 21.89

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 MOP024 FEE-FOR-SERVICE/DENTAL

#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURES MO	NTH-OF-PAYMENT R	EPORT FOR JAN	2003 THRU DE	C 2003	PAGE 663
MOP024	FEE-FOR-SERVICE		TATERATEG	ATD GODEG 45	7 60		01/29/04
AMADOR COUNTY	SUMMARY OF SERV	ICES FOR 185% PROGRAM	- INFANIS	AID CODES 47	/ 69 MON'	ת מתודע אנודים	F
303 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	MARDACE COCO	UNITS/DAYS	COST PER	COST PER
202 FFIGIRES	USERS	OR DAYS OF CARE	EXPENDITURES	PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	75	254 \$	43,119.28	\$ 169.76	.838 \$		
COMM HOSP INPATIENT TOTAL	4	234 3	36,695.84	1528.99	.079	9173.96	121.11
HSC HOSPITALS	4 3	23	35,474.00	1542.35		11824.67	117.08
		1			.076		
NON-HSC HOSPITALS TOTAL	1	1	1,221.84	1221.84	.003	1221.84	4.03
ACCOMMODATIONS	1	1	545.85	545.85	.003	545.85	1.80
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	U	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	0	545.85	545.85	.003	545.85	1.80
ANCILLARIES	1	0	675.99	.00	.000	675.99	2.23
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0 71		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL		230	6,423.44	27.93	.759	90.47	21.20
MEDICAL	53	78	2,818.17	36.13	.257	53.17	9.30
SURGERY	1	1	125.65	125.65	.003	125.65	.41
PATHOLOGY	16	51	461.73	9.05	.168	28.86	1.52
RADIOLOGY	14	15	376.21	25.08	.050	26.87	1.24
ROOM USE	39	57	2,160.21	37.90	.188	55.39	7.13
CROSSOVERS/ALL OTH OUTPTNT		28	481.47	17.20	.092	28.32	1.59
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$		\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$.00	\$.00	.000 \$		
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0 \$.00	\$.00	.000 \$		
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0 \$.00	\$.00	.000 \$.00	
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0 \$.00	\$.00	.000 \$		\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0 \$.00	\$.00	.000 \$		\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	25	38 \$	6,993.47	\$ 184.04	.125 \$		
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	25	38	6,993.47	184.04	.125		23.08
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURES MO	NTH-OF-PAYMENT R	EPORT FOR JAN	2003 THRU DE	C 2003	PAGE 664
MOP024	FEE-FOR-SERVICE	•					01/29/04
AMADOR COUNTY	SUMMARY OF SERV	ICES FOR 185% PROGRAM	- INFANTS	AID CODES 47			
202 51 10151 52	Hanna	IDITED OF CERTICE		ALTED ACE COCC	MON'		
303 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES		UNITS/DAYS		COST PER
SALI OTHER PROMITERS	11	OR DAYS OF CARE	4,983.01	PER UNIT/DAY		USER	ELIGIBLE
@ALL OTHER PROVIDERS	11	190 \$	4,983.01	\$ 26.23	.0∠/ \$	453.00	\$ 16.45

DURABLE MED. EQUIP.	2	3		134.17	44.	72 .01	. 0	67.09		.44
BLOOD BANK	0	0		.00		.00	0	.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	0	.00		.00
MEDICAL TRANSPORTATION	9	187		4,848.84	25.	93 .61	.7	538.76		16.00
AMBULANCES/AIR TRANS	8	186		3,048.84	16.	39 .61	.4	381.11		10.06
OTHER TRANS	0	0		.00		.00	0	.00		.00
OTHER SERVICES	1	1		1,800.00	1800.	.00	3	1800.00		5.94
ACUPUNCTURE	0	0		.00		.00	0	.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	0	.00		.00
GENETIC DISEASE TESTING	0	0		.00		.00	0	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	0	.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	0	.00		.00
OPTICIAN	0	0		.00		.00	0	.00		.00
PHYSICAL THERAPIST	0	0		.00		.00	0	.00		.00
PORTABLE X-RAY	0	0		.00		.00	0	.00		.00
PROSTHETIST/ORTHOTISTS	0	0		.00		.00	0	.00		.00
PROSTHETICS	0	0		.00		.00	0	.00		.00
ORTHOTICS	0	0		.00		.00	0	.00		.00
PSYCHOLOGIST	0	0		.00		.00	0	.00		.00
SPEECH AND AUDIOLOGY	0	0		.00		.00	0	.00		.00
HOSPICE SERVICES	0	0		.00		.00	0	.00		.00
NONINST BIRTHING CENTERS	0	0		.00		.00	0	.00		.00
LOCAL EDUCATION AGENCIES	0	0		.00		.00	0	.00		.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00		.00	0	.00		.00
RESPIRATORY CARE PRACT.	0	0		.00		.00	0	.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	0	.00		.00
ALL OTHER PROVIDERS	0	0		.00		.00	0	.00		.00
@CALIF. CHILDREN SERVICES*	5	95	\$	39,763.72	\$ 418.	57 .31	4 \$	7952.74	\$ 1	31.23
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.	.00	0 \$.00	\$.00
@* TOTALS IN THESE LINES ARE GIVE	EN AS A SEPARATE	TNFORMATION	TTEM ONLY	;						

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 665
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
AMADOR COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49

AMADON COUNTI	SUMMANT OF SER	VICES FOR 103% FROGRAM	I - FREGNANI A.	TD CODES 44 40	コン		
					MON	ITHLY AVERA	GE
556 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	284	1,829 \$	185,278.97	\$ 101.30	3.290 \$	652.39	\$ 333.24
@PHYSICIANS SERVICES	136	477 \$	40,908.43	\$ 85.76	.858 \$	300.80	\$ 73.58
OUTPATIENT VISITS	56	89	7,614.55	85.56	.160	135.97	13.70
OFFICE VISITS	17	20	1,690.92	84.55	.036	99.47	3.04
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	4	4	205.68	51.42	.007	51.42	.37
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	38	65	5,717.95	87.97	.117	150.47	10.28
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	20	46	2,653.24	57.68	.083	132.66	4.77
HOSPITAL VISITS	19	37	1,684.48	45.53	.067	88.66	3.03
CRITICAL CARE	1	9	968.76	107.64	.016	968.76	1.74
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	31	195	23,304.47	119.51	.351	751.76	41.91
PRINCIPAL SURGEON	22	22	20,145.57	915.71	.040	915.71	36.23
ASSISTANT SURGEON	5	5	932.50	186.50	.009	186.50	1.68
ANESTHESIOLOGIST	12	168	2,226.40	13.25	.302	185.53	4.00
OUTPATIENT SURGERY	11	20	1,485.14	74.26	.036	135.01	2.67
PRINCIPAL SURGEON	9	13	1,182.83	90.99	.023	131.43	2.13

ASSISTANT SURGEON	0	0	.00		.000	.00	.00
ANESTHESIOLOGIST	4	7	302.31	43.	19 .013	75.58	.54
DIALYSIS	0	0	.00		.000	.00	.00
PATHOLOGY	17	26	892.85	34.	34 .047	52.52	1.61
RADIOLOGY	56	74	3,533.46	47.	75 .133	63.10	6.36
PSYCHIATRY	0	0	.00		.000	.00	.00
IMMUNIZATION AND INJECTION	3	10	74.47	7.	45 .018	24.82	.13
OTHER SERVICES/ALL X-OVERS	13	17	1,350.25	79.	43 .031	103.87	2.43
@PHARMACY	94	160	\$ 4,167.22	\$ 26.	05 .288	\$ 44.33	\$ 7.50
PRESCRIPTION DRUGS	94	160	4,167.22	26.	05 .288	44.33	7.50
SNF/ICF	0	0	.00		.000	.00	.00
OUTPATIENTS	94	160	4,167.22	26.	05 .288	44.33	7.50
MEDICAL SUPPLIES	0	0	.00		.000	.00	.00
@DENTIST	2	11	\$ 190.00	\$ 17.	27 .020	\$ 95.00	\$.34
VISITS - DIAGNOSTIC	2	10	105.00	10.	50 .018	52.50	.19
ORAL SURGERY	1	1	85.00	85.	00 .002	85.00	.15

DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
	0	0					
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	Ü	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	U	U	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	Ü	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES I	MONTH-OF-PAYMENT F	REPORT FOR JAN	2003 THRU DEC	2003	PAGE 666
MOP024	FEE-FOR-SERVICE	/DENTAL					01/29/04
AMADOR COUNTY	SUMMARY OF SERV	ICES FOR 185% PROGRA	AM - PREGNANT A	AID CODES 44 48	49		
					MONT	THLY AVERAG	E
556 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	Ô	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$.00	\$.00	.000 \$		\$.00
VISITS	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0						
@PODIATRIST	0	0 \$.00	\$.00	.000 \$		\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$.00	\$.00	.000 \$.00	\$.00
NURSE ANESTHESIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
NURSE MIDWIFE	0	0 \$.00	\$.00	.000 \$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
@TOTAL HOSPITAL	106	449 \$	132,186.99	\$ 294.40	.808 \$	1247.05	\$ 237.75
HOSP INPATIENT TOTAL	29	122	123,883.20	1015.44	.219	4271.83	222.81
HSC HOSPITALS	11	33	38,732.05	1173.70	.059	3521.10	69.66
NON-HSC HOSPITAL TOTAL	20	89	85,151.15	956.75	.160	4257.56	153.15
ACCOMMODATIONS	20	89	39,377.38	442.44	.160	1968.87	70.82
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	20	89	39,377.38	442.44	.160	1968.87	70.82
ANCILLARIES	20	0	45,773.77	.00	.000	2288.69	82.33
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	86	327	8,303.79	25.39	.588	96.56	14.93
MEDICAL	19	24	1,183.69	49.32	.043	62.30	2.13
	5						
SURGERY		8	224.38	28.05	.014	44.88	. 40
PATHOLOGY	45	181	2,087.99	11.54	.326	46.40	3.76
RADIOLOGY	26	27	1,954.18		.049	75.16	3.51
ROOM USE	34	46	1,986.29		.083	58.42	3.57
CROSSOVERS/ALL OTH OUTPTNT		41	867.26		.074	51.02	1.56
@COUNTY HOSPITAL TOTAL	0	0 \$.00		.000 \$.00	
CO HOSPITAL INPATIENT TOTAL	0	0	.00		.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	U	.00	.00	.000	.00	.00
		ES AND EXPENDITURES MON	TH-OF-PAYMENT RE	PORT FOR JAN 2	2003 THRU DEC	2 2003	PAGE 667
MOP024	FEE-FOR-SERVICE			11 10	4.0		01/29/04
AMADOR COUNTY	SUMMARY OF SERV	ICES FOR 185% PROGRAM	- PREGNANT AL	D CODES 44 48			~-
556					MON'		
556 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	106	449 \$	132,186.99	\$ 294.40		1247.05	
COMM HOSP INPATIENT TOTAL	29	122	123,883.20	1015.44	.219	4271.83	222.81
HSC HOSPITALS	11	33	38,732.05	1173.70	.059	3521.10	69.66
NON-HSC HOSPITALS TOTAL	20	89	85,151.15	956.75	.160	4257.56	153.15
ACCOMMODATIONS	20	89	39,377.38	442.44	.160	1968.87	70.82
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	20	89	39,377.38	442.44	.160	1968.87	70.82
ANCILLARIES	20	0	45,773.77	.00	.000	2288.69	82.33
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	86	327	8,303.79	25.39	.588	96.56	14.93
MEDICAL	19	24	1,183.69	49.32	.043	62.30	2.13
SURGERY	5	8	224.38	28.05	.014	44.88	.40
PATHOLOGY	45	181	2,087.99	11.54	.326	46.40	3.76
RADIOLOGY	26	27	1,954.18	72.38	.049	75.16	3.51
ROOM USE	34	46	1,986.29	43.18	.083	58.42	3.57
CROSSOVERS/ALL OTH OUTPTNT	17	41	867.26	21.15	.074	51.02	1.56
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$.00	\$.00	.000 \$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0 \$.00	\$.00	.000 \$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0 \$.00	\$.00	.000 \$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	64	263 \$	3,494.87	\$ 13.29	.473 \$	54.61	\$ 6.29
PATHOLOGY	64	263	3,494.87	13.29	.473	54.61	6.29
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	9	29 \$	2,027.00	\$ 69.90	.052 \$	225.22	\$ 3.65
CLINIC	2	12	603.40	50.28	.022	301.70	1.09

1 0 6 .44 SURGICENTER 10 243.41 24.34 .018 243.41 .00 168.60 .000 .00 .013 196.70 HEROIN DETOX CLINIC .00 .00 7 1,180.19 RURAL HEALTH CLINIC 2.12 MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 668 #CALIF DEPT OF HEALTH SERV MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 AMADOR COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49

AMADOR COUNTY	SUMMARY OF SERVIC.	F2 LOK T024 b	RUGRAM -	- PREGNANI .	AID CODES 44 40	49		
						MOI	NTHLY AVERA	GE
556 ELIGIBLES	USERS U	NITS OF SERVIC	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY		USER	ELIGIBLE
@ALL OTHER PROVIDERS	17	440	\$	2,304.46	\$ 5.24	.791	\$ 135.56	\$ 4.14
DURABLE MED. EQUIP.	1	1		60.00	60.00	.002	60.00	.11
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	5	128		963.36	7.53	.230	192.67	1.73
AMBULANCES/AIR TRANS	5	128		963.36	7.53	.230	192.67	1.73
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	11	11		1,155.00	105.00	.020	105.00	2.08
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00		.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00		.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	300		126.10	.42	.540	126.10	.23
@CALIF. CHILDREN SERVICES*	3	148	\$	17,330.00			\$ 5776.67	•
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00
@* TOTALS IN THESE LINES ARE	GIVEN AS A SEPARAT	E INFORMATION	TTEM ONI	TY;				

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 669
MOP024 FEE-FOR-SERVICE/DENTAL
AMADOR COUNTY SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM AID CODE 76

----- MONTHLY AVERAGE -----03 ELIGIBLES EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER USERS UNITS OF SERVICE OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 34 \$ @TOTAL, ALL PROVIDERS @PHYSICIANS SERVICES 16 OUTPATIENT VISITS OFFICE VISITS 0 HOME VISITS Ō EMERGENCY ROOM 0 PREVENTIVE CARE OB VISITS/COMPRE PERI 0 OTHER OUTPATIENT 0 0 0 INPATIENT VISITS 0 Ω HOSPITAL VISITS CRITICAL CARE 0

SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
	0	0									
ASSISTANT SURGEON	U	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	2	12		567.37		47.28	4.000		283.69		189.12
PRINCIPAL SURGEON	1	1		421.39		421.39	.333		421.39		140.46
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	1	11		145.98		13.27	3.667		145.98		48.66
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
	0										
OTHER SERVICES/ALL X-OVERS	0	0	4	.00	4	.00	.000		.00		.00
@PHARMACY	2	6	\$	62.08	\$	10.35	2.000	Ş	31.04	\$	20.69
PRESCRIPTION DRUGS	2	6		62.08		10.35	2.000		31.04		20.69
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	2	6		62.08		10.35	2.000		31.04		20.69
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	·	.00	·	.00	.000	•	.00	•	.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
	0	0		.00					.00		
PERIODONTICS	0	0				.00	.000				.00
ENDODONTICS	U	U		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	•	CES AND EXPENDITUR	FC MO		FDOR			DEC		Т	PAGE 670
MOP024	FEE-FOR-SERVICE		110 110	SNIII OF FAIMENT K.	EF OIC.	I FOR UAN	2005 11110	טייכ	2005	1	01/29/04
			DOGE	DADELIM DDOGDAM		ATD CODE	7.6				01/29/04
AMADOR COUNTY	SUMMARY OF SER	VICES FOR 60-DAY	POSI	PARIUM PROGRAM		AID CODE				aп	
02									HLY AVERA	.GE	
03 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAY		COST PER		COST PER
		OR DAYS OF CARE					PER ELIC		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	•	.00	•	.00	.000		.00	•	.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	Ö	\$.00	\$.00	.000	Ġ	.00	\$.00
	0	0	Ą		Ą			Ą		Ą	
MEDICINE/INJECTIONS	0			.00		.00	.000		.00		.00
SURGERY/ANES.	Ü	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	Ü	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
	3	-		. 3 3	т.			т		-T	

FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	3	10	\$ 347.18	\$ 34.72	3.333	\$ 115.73	\$ 115.73
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	3	10	347.18	34.72	3.333	115.73	115.73
MEDICAL	1	1	29.83	29.83	.333	29.83	9.94
SURGERY	1	1	99.70	99.70	.333	99.70	33.23
PATHOLOGY	1	6	46.57	7.76	2.000	46.57	15.52

RADIOLOGY	0	0	.00		.00	.000	.00		.00
ROOM USE	1	2	171.08		85.54	.667	171.08		57.03
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00		.00	.000	.00		.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	.000	.00	Ġ	.00
CO HOSPITAL INPATIENT TOTAL	0	0 5	.00		.00	.000	.00	Y	.00
HSC HOSPITALS	0	0	.00		.00	.000	.00		.00
	0	0	.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	0	0	.00		.00	.000	.00		.00
	0	0	.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0							
ALL OTHER ACCOM	0	0	.00		.00	.000	.00		.00
ANCILLARIES	0	0	.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0	.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	U	.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0	.00		.00	.000	.00		.00
MEDICAL	0	0	.00		.00	.000	.00		.00
SURGERY	0	0	.00		.00	.000	.00		.00
PATHOLOGY	0	0	.00		.00	.000	.00		.00
RADIOLOGY	0	0	.00		.00	.000	.00		.00
ROOM USE	0	0	.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT		0	.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES	MONTH-OF-PAYMENT	REPORT F	OR JAN :	2003 THRU DEC	2003	PΑ	GE 671
MOP024	FEE-FOR-SERVICE								01/29/04
AMADOR COUNTY	SUMMARY OF SERV	ICES FOR 60-DAY PO	ST PARTUM PROGRAM	A	ID CODE			a=	
02 FLIGIDLES	HOEDO	INITED OF CERTICE		7.7.7.7.7	an acam	MONT		-	
03 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES			UNITS/DAYS PER ELIG	COST PER USER		OST PER LIGIBLE
@COMMUNITY HOSPITAL TOTAL	3	OR DAIS OF CARE	347.18		34.72	3.333 \$	115.73		115.73
	3	10 Ş 0			.00	.000	.00	Ą	.00
COMM HOSP INPATIENT TOTAL HSC HOSPITALS	0	0	.00		.00	.000	.00		.00
	0	0							
NON-HSC HOSPITALS TOTAL	0	0	.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.000	.00		.00
ANCILLARIES	0	U	.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0	.00		.00	.000	.00		.00
ALL OTHER INPATIENT	U	_	.00		.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	3	10	347.18		34.72	3.333	115.73		115.73
MEDICAL	1	1	29.83		29.83	.333	29.83		9.94
SURGERY	1	1	99.70		99.70	.333	99.70		33.23
PATHOLOGY	1	Ь	46.57		7.76	2.000	46.57		15.52
RADIOLOGY	0	0	.00		.00	.000	.00		.00
ROOM USE	1	2	171.08		85.54	.667	171.08		57.03
CROSSOVERS/ALL OTH OUTPINT	0	0	.00		.00	.000	.00		.00
@STATE HOSPITAL	0	0 \$		•	.00	.000 \$.00	Ş	.00
MENTALLY ILL	0	0	.00		.00	.000	.00		.00
DEVELOP. DISABLED	0	U	.00		.00	.000	.00		.00
@NURSING FACILITY	0	0 \$.00		.00	.000 \$		\$.00
LEV A-INTERMEDIATE	0	0	.00		.00	.000	.00		.00
LEV B-REHAB MD	0	0	.00		.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING		0	.00		.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00		.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0	.00		.00	.000	.00		.00
LEV B-REGULAR	0	0	.00		.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0 \$.00	.000 \$.00	\$.00
ICF DDH	0	0	.00		.00	.000	.00		.00
ICF DD	0	0	.00		.00	.000	.00		.00
ICF DDN/DDCN	0	0	.00		.00	.000	.00	_	.00
@HEMODIALYSIS TOTAL	0	0 \$.00	\$.00	.000 \$.00	Ş	.00

HOSPITAL BASED	0		0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0		Ö		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0		0	\$.00	\$.00	.000	Ġ	.00	\$.00
HOSPITAL BASED	0		0	•	.00	•	.00	.000		.00	•	.00
INDEPENDENT FACILITY	0		0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	2		2	\$	38.53	\$	19.27	.667	\$	19.27	\$	12.84
PATHOLOGY	2		2	•	38.53	•	19.27	.667		19.27	•	12.84
XO AND OTHERS	0		0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0		0	\$	22.02	\$.00	.000	\$.00	\$	7.34
CLINIC	0		0		.00		.00	.000		.00		.00
SURGICENTER	0		0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0		0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0		0		22.02		.00	.000		.00		7.34
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EX	PENDITU	RES M	ONTH-OF-PAYMENT R	EPORT	FOR JAN 2	2003 THRU	DEC	2003	P.	AGE 672
MOP024	FEE-FOR-SERVICE	/DENTAL										01/29/04
AMADOR COUNTY	SUMMARY OF SERV	ICES FOR	60-DAY	POST	PARTUM PROGRAM		AID CODE	76				
								M	TNO	HLY AVERA	GE ·	
03 ELIGIBLES	USERS	UNITS OF	SERVIC	£	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER	(COST PER
		OR DAYS	OF CAR	£		PER	UNIT/DAY	PER ELIG		USER	1	ELIGIBLE
@ALL OTHER PROVIDERS	0		0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0		0		.00		.00	.000		.00		.00
BLOOD BANK	0		0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0		0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	0		0		.00		.00	.000		.00		.00
AMBULANCES/AIR TRANS	0		0		.00		.00	.000		.00		.00
OTHER TRANS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
ACUPUNCTURE	0		0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0		0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	0		0		.00		.00	.000		.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0		0		.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0		0		.00		.00	.000		.00		.00
OPTICIAN	0		0		.00		.00	.000		.00		.00
PHYSICAL THERAPIST	0		0		.00		.00	.000		.00		.00
PORTABLE X-RAY	0		0		.00		.00	.000		.00		.00
PROSTHETIST/ORTHOTISTS	0		0		.00		.00	.000		.00		.00
PROSTHETICS	0		0		.00		.00	.000		.00		.00
ORTHOTICS	0		0		.00		.00	.000		.00		.00
PSYCHOLOGIST	0		0		.00		.00	.000		.00		.00
SPEECH AND AUDIOLOGY	0		0		.00		.00	.000		.00		.00
HOSPICE SERVICES	0		0		.00		.00	.000		.00		.00

NONINST BIRTHING CENTERS

LOCAL EDUCATION AGENCIES

RESPIRATORY CARE PRACT.

ALL OTHER PROVIDERS @CALIF. CHILDREN SERVICES*

EPSDT SUPPLEMENTAL SERVICE

PED SUBACUTE REHAB/WEANING

@XOVER EXCLUDING STATE HOSP**

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 AMADOR COUNTY SUMMARY OF SERVICES FOR 185% AND 60-DAY PP TOTAL, CODES 44 47 48 49 69 76

----- MONTHLY AVERAGE -----862 ELIGIBLES **USERS** UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 443 2,663 255,496.13 \$ 95.94 3.089 \$ 576.74 \$ 296.40 @TOTAL, ALL PROVIDERS @PHYSICIANS SERVICES 195 676 52,288.23 \$ 77.35 .784 \$ 268.14 \$ 60.66

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673

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

OUTPATIENT VISITS	92	136	9,120.50	67.06	.158	99.14	10.58
OFFICE VISITS	48	62	2,948.30	47.55	.072	61.42	3.42
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	6	6	338.14	56.36	.007	56.36	.39
PREVENTIVE CARE	1	1	34.69	34.69	.001	34.69	.04
OB VISITS/COMPRE PERI	39	66	5,778.43	87.55	.077	148.16	6.70
	1	1	20.94	20.94	.001	20.94	.02
OTHER OUTPATIENT	25	90					
INPATIENT VISITS			7,993.67	88.82	.104	319.75	9.27
HOSPITAL VISITS	23	61	3,048.89	49.98	.071	132.56	3.54
CRITICAL CARE	3	29	4,944.78	170.51	.034	1648.26	5.74
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	35	211	24,682.83	116.98	.245	705.22	28.63
PRINCIPAL SURGEON	24	24	21,062.36	877.60	.028	877.60	24.43
ASSISTANT SURGEON	5	5	932.50	186.50	.006	186.50	1.08
ANESTHESIOLOGIST	14	182	2,687.97	14.77	.211	192.00	3.12
OUTPATIENT SURGERY	14	44	2,930.60	66.60	.051	209.33	3.40
PRINCIPAL SURGEON	11	15	2,252.27	150.15	.017	204.75	2.61
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	6	29	678.33	23.39	.034	113.06	.79
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	18	37	978.64	26.45	.043	54.37	1.14
RADIOLOGY	73	118	4,279.48	36.27	.137	58.62	4.96
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	4	11	109.47	9.95	.013	27.37	.13
OTHER SERVICES/ALL X-OVERS	21	29	2,193.04	75.62	.034	104.43	2.54
@PHARMACY	162	288 \$	6,871.78	\$ 23.86	.334 \$		
PRESCRIPTION DRUGS	162	288	6,871.93	23.86	.334	42.42	7.97
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	162	288	6,871.93	23.86	.334	42.42	7.97
MEDICAL SUPPLIES	0	0	.15CF	.00	.000	.00	.00
@DENTIST	2	11 \$	190.00	\$ 17.27	.013 \$	95.00	\$.22
VISITS - DIAGNOSTIC	2	10	105.00	10.50	.012	52.50	.12
ORAL SURGERY	1	1	85.00	85.00	.001	85.00	.10
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
	0	0					
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	Ü	Ü	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES					PAGE 674
MOP024	FEE-FOR-SERVICE			or or or or or	1005 IIIICO DE	2003	01/29/04
AMADOR COUNTY		ICES FOR 185% AND 6		DEC 44 47 49 40	60 76		01/25/04
AMADOR COUNTY	SUMMARI OF SERV	ICES FOR 105% AND 0	U-DAI PP IOIAL, COL	7E		ת מינונית אנונים	CE
060 FLIGTPLES	HATRA				MON'		
862 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
	_	OR DAYS OF CARE		PER UNIT/DAY	_	USER	ELIGIBLE
@OPTOMETRIST	0	0 \$.00	\$.00	.000 \$		
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$.00	\$.00	.000 \$.00	
VISITS	0	0	.00	.00	.000	.00	.00
. ===	Š.	ŭ	. 3 0	•••			

OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0		\$.00	\$.00	.000	Ś	.00	Ś	.00
MEDICINE/INJECTIONS	0	0	٧	.00	٧	.00	.000	Y	.00	٧	.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
	0	0	ė.	.00	ċ.	.00		بغ	.00	ė.	.00
@HOME HEALTH AGENCY	0	0	ې د		ې خ		.000			\$	
NURSE ANESTHESIST	0		۶ ۲	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	Ş	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	Ş		\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	Ş	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	185	726	Ş		\$	242.81		\$		\$	204.50
HOSP INPATIENT TOTAL	33	146		160,579.04		1099.86	.169		4866.03		186.29
HSC HOSPITALS	14	56		74,206.05		1325.11	.065		5300.43		86.09
NON-HSC HOSPITAL TOTAL	21	90		86,372.99		959.70	.104		4113.00		100.20
ACCOMMODATIONS	21	90		39,923.23		443.59	.104		1901.11		46.31
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	21	90		39,923.23		443.59	.104		1901.11		46.31
ANCILLARIES	21	0		46,449.76		.00	.000		2211.89		53.89
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	162	580		15,703.72		27.08	.673		96.94		18.22
MEDICAL	75	105		4,252.16		40.50	.122		56.70		4.93
SURGERY	7	10		449.73		44.97	.012		64.25		.52
PATHOLOGY	63	243		2,657.70		10.94	.282		42.19		3.08
RADIOLOGY	41	44		2,566.98		58.34	.051		62.61		2.98
ROOM USE	76	107		4,406.53		41.18	.124		57.98		5.11
CROSSOVERS/ALL OTH OUTPTNT	35	71		1,370.62		19.30	.082		39.16		1.59
@COUNTY HOSPITAL TOTAL	2		\$	629.31	\$	48.41	.015	Ś	314.66	Ś	.73
CO HOSPITAL INPATIENT TOTAL	0	0	Υ	.00	Υ	.00	.000	τ.	.00	Τ.	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0			.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		
	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0									.00
ALL OTHER INPATIENT	0			.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	∠	13		629.31		48.41	.015		314.66		.73
MEDICAL	∠	2		220.47		110.24	.002		110.24		. 26
SURGERY	0	Ü		.00		.00	.000		.00		.00
PATHOLOGY	1	5		61.41		12.28	.006		61.41		.07
RADIOLOGY	1	2		236.59		118.30	.002		236.59		. 27
ROOM USE	2	2		88.95		44.48	.002		44.48		.10
CROSSOVERS/ALL OTH OUTPTNT	1	2		21.89		10.95	.002		21.89		.03
		ES AND EXPENDITURE	S MC	ONTH-OF-PAYMENT RE	SPOR'	T FOR JAN 2	2003 THRU	DEC	2003	PA	GE 675
MOP024	FEE-FOR-SERVICE										01/29/04
AMADOR COUNTY	SUMMARY OF SERV	ICES FOR 185% AND	60-	-DAY PP TOTAL, COD	DES ·	44 47 48 49					
							M				
862 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST					OST PER
		OR DAYS OF CARE			PE:	R UNIT/DAY			USER		LIGIBLE
@COMMUNITY HOSPITAL TOTAL	184	713	\$	175,653.45	\$	246.36	.827	\$	954.64	\$	203.77
COMM HOSP INPATIENT TOTAL	33	146		160,579.04		1099.86	.169		4866.03		186.29
HSC HOSPITALS	14	56		74,206.05		1325.11	.065		5300.43		86.09
NON-HSC HOSPITALS TOTAL	21	90		86,372.99		959.70	.104		4113.00		100.20
ACCOMMODATIONS	21	90		39,923.23		443.59	.104		1901.11		46.31
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00

ALL OTHER ACCOM	21	90	39,923.23	443.59	.104	1901.11	46.31
ANCILLARIES	21	0	46,449.76	.00	.000	2211.89	53.89
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	160	567	15,074.41	26.59	.658	94.22	17.49
MEDICAL	73	103	4,031.69	39.14	.119	55.23	4.68
SURGERY	7	10	449.73	44.97	.012	64.25	.52
PATHOLOGY	62	238	2,596.29	10.91	.276	41.88	3.01
RADIOLOGY	40	42	2,330.39	55.49	.049	58.26	2.70
ROOM USE	74	105	4,317.58	41.12	.122	58.35	5.01
CROSSOVERS/ALL OTH OUTPINT	34	69	1,348.73	19.55	.080	39.67	1.56
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00

LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	•	.00	•	.00	.000	·	.00	·	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	•	.00	•	.00	.000	·	.00	·	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	•	.00	•	.00	.000	·	.00	·	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	66	265	\$	3,533.40	\$	13.33	.307	\$	53.54	\$	4.10
PATHOLOGY	66	265		3,533.40		13.33	.307		53.54		4.10
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	34	67	\$	9,042.49	\$	134.96	.078	\$	265.96	\$	10.49
CLINIC	2	12		603.40		50.28	.014		301.70		.70
SURGICENTER	1	10		243.41		24.34	.012		243.41		.28
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	31	45		8,195.68		182.13	.052		264.38		9.51
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITU	RES N	MONTH-OF-PAYMENT R	EPOR7	FOR JAN 2	2003 THRU	DEC	2003	P	AGE 676
MOP024	FEE-FOR-SERVICE/DENTAL	1									01/29/04
AMADOR COUNTY	SUMMARY OF SERVICES FO	R 185% A	ND 60	D-DAY PP TOTAL, CO	DES 4	14 47 48 49	9 69 76				
							M	ONT	HLY AVERA	GE -	
862 ELIGIBLES	USERS UNITS	OF SERVIC	E	EXPENDITURES	AVE	ERAGE COST	UNITS/DAY	S (COST PER	(COST PER
	OR DA	YS OF CAR	E		PEF	R UNIT/DAY	PER ELIG		USER	I	ELIGIBLE
@ALL OTHER PROVIDERS	28	630	\$	7,287.47	\$	11.57	.731	\$	260.27	\$	8.45
DURABLE MED. EQUIP.	3	4		194.17		48.54	.005		64.72		.23
BIOOD BANK	Λ	Λ		0.0		0.0	000		0.0		0.0

						M	JNTHLY AVERA	GE
862 ELIGIBLES	USERS	UNITS OF SERVICE	EΣ	KPENDITURES	AVERAGE COST	UNITS/DAY:	S COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	28	630	\$	7,287.47	\$ 11.57	.731	\$ 260.27	\$ 8.45
DURABLE MED. EQUIP.	3	4		194.17	48.54	.005	64.72	.23
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	14	315		5,812.20	18.45	.365	415.16	6.74
AMBULANCES/AIR TRANS	13	314		4,012.20	12.78	.364	308.63	4.65
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	1	1		1,800.00	1800.00	.001	1800.00	2.09
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	11	11		1,155.00	105.00	.013	105.00	1.34
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	300		126.10	.42	.348	126.10	.15
@CALIF. CHILDREN SERVICES*	8	243	\$	57,093.72	\$ 234.95	.282	\$ 7136.72	\$ 66.23
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00
@* TOTALS IN THESE LINES ARE GIVE	N AS A SEPARA	ATE INFORMATION IT	EM ONLY;					

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

FEE-FOR-SERVICE/DENTAL

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MOP024

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 677 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 AMADOR COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED AID CODE 16

Thriboic Coonii	BOMMET OF BLICK	TOBO TOR TITLE II DI	DICHOTICE TIGHE	THE COEE	MONT	אסשעות עועי	<u>'</u> ਯ
175 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
1/2 FFIGIPHES	USERS	OR DAYS OF CARE	EXPENDITURES	PER UNIT/DAY		USER	ELIGIBLE
emomai ali provinceno	160		74,172.89				
@TOTAL, ALL PROVIDERS	29	4,938 \$ 49 \$	74,172.69	\$ 15.02 \$ 14.94	28.217 \$.280 \$		\$ 423.85 \$ 4.18
@PHYSICIANS SERVICES	29 0			T =	·		
OUTPATIENT VISITS	•	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	46.44	46.44	.006	46.44	. 27
EXAMINATIONS	1	1	46.44	46.44	.006	46.44	.27
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	Õ	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
	0	0			.000		.00
IMMUNIZATION AND INJECTION	29	_	.00	.00		.00	
OTHER SERVICES/ALL X-OVERS		48	685.67	14.28	. 274	23.64	3.92
@PHARMACY	146	614 \$	45,434.30	\$ 74.00	3.509 \$		\$ 259.62
PRESCRIPTION DRUGS	146	594	44,743.50	75.33	3.394	306.46	255.68
SNF/ICF	2	9	358.73	39.86	.051	179.37	2.05
OUTPATIENTS	144	585	44,384.77	75.87	3.343	308.23	253.63
MEDICAL SUPPLIES	15	20	690.80	34.54	.114	46.05	3.95
@DENTIST	11	38 \$	1,160.00	\$ 30.53	.217 \$	105.45	•
VISITS - DIAGNOSTIC	4	26	265.00	10.19	.149	66.25	1.51
ORAL SURGERY	1	3	255.00	85.00	.017	255.00	1.46
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	1	3	195.00	65.00	.017	195.00	1.11
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	5	6	445.00	74.17	.034	89.00	2.54
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	-	CES AND EXPENDITURES M					PAGE 678
WODOO4	FIEDI CAL BERVIO		01 111111111 1(1		1110 DEC		01/00/04

01/29/04

MOP024 FEE-FOR-SERVICE/DENTAL AMADOR COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED AID CODE 16

							M	ONT	HLY AVERA	GE	
175 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST			COST PER		COST PER
		OR DAYS OF CARE				UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	5	34	\$	2,167.83	\$	63.76	.194	\$	433.57	\$	12.39
COMM HOSP INPATIENT TOTAL	1	11		840.00		76.36	.063		840.00		4.80
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0 0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0			.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	1	11		840.00		76.36	.063		840.00		4.80
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	4	23		1,327.83		57.73	.131		331.96		7.59
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0			.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	4	23 0	۲.	1,327.83	ب	57.73	.131	4	331.96	۲,	7.59
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$	3,251.43	\$.00	.000	\$	1625.72	\$	18.58
LEV A-INTERMEDIATE	2	0	Ą	3,251.43	Ą	.00	.000	Ą	.00	Ą	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	2	Ö		3,251.43		.00	.000		1625.72		18.58
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	Y	.00	٧	.00	.000	Y	.00	Y	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	10	12	\$	6,065.63	\$	505.47	.069	\$	606.56	\$	34.66
HOSPITAL BASED	0	0	т.	.00	4	.00	.000	т	.00	т.	.00
HEMODIALYSIS CENTER	10	12		6,065.63		505.47	.069		606.56		34.66
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	т.	.00	4	.00	.000	т	.00	т.	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	1	3	\$	12.91	\$	4.30	.017	\$	12.91	\$.07
PATHOLOGY	0	0	•	.00	•	.00	.000		.00		.00
XO AND OTHERS	1	3		12.91		4.30	.017		12.91		.07
@ORGANIZED OUTPATIENT CLINIC	10	17	\$	2,256.18	\$	132.72	.097	\$	225.62	\$	12.89
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	10	17		2,256.18		132.72	.097		225.62		12.89
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	ES MO	ONTH-OF-PAYMENT	REPORT	FOR JAN 2	2003 THRU	DEC	2003	P	AGE 680
MOP024	FEE-FOR-SERVICE	/DENTAL									01/29/04
AMADOR COUNTY	SUMMARY OF SERV	ICES FOR TITLE I	I DIS	SREGARD - AGED		AID CODE	16				
							M				
175 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		RAGE COST					COST PER
		OR DAYS OF CARE		_		UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	24	4,154	\$	12,821.95		3.09		\$	534.25	\$	73.27
DURABLE MED. EQUIP.	2	6		2,433.76		405.63	.034		1216.88		13.91
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	5	4,098		6,792.75		1.66	23.417		1358.55		38.82

AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	5	4,098	6,792.75	1.66	23.417	1358.55	38.82
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	11	29	2,876.81	99.20	.166	261.53	16.44
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	6	17	192.40	11.32	.097	32.07	1.10
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	1	502.04	502.04	.006	502.04	2.87

HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2	3		24.19	8.06	.017	12.10	.14
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	39	95	\$	12,293.14	\$ 129.40	.543	\$ 315.21	\$ 70.25
@* TOTALS IN THESE LINES ARE GIVEN	AS A SEPARATE	INFORMATION	ITEM ONLY;					

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 #CALIF DEPT OF HEALTH SERV PAGE 681 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 AMADOR COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND AID CODES 26 6A

AMADON COUNTI	SOMMAN OF SERVICES FO		KEGAKD - BILIND	AID CODES 20	UA		
					MONT		
00 ELIGIBLES		OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
	OR DA	AYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0 \$.00	\$.00	.000 \$.00 \$.00
@PHYSICIANS SERVICES	0	0 \$.00	\$.00	.000 \$.00 \$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$.00	\$.00	.000 \$.00 \$	
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00	\$.00	.000 \$.00 \$	
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	Ö	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00

RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
	0	0					
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES MON					PAGE 682
MOP024	FEE-FOR-SERVICE			1 0101 1 010 0111 2	1005 IIIIO DEC	2005	01/29/04
AMADOR COUNTY		ICES FOR TITLE II DISR	ECYDD - DITND	AID CODES 26	67		01/25/01
AMADOR COUNTI	SUMMARI OF SERV	ICES FOR IIILE II DISK	EGARD - BLIND	AID CODES 20		TIT 37 A 377515 A C	1 D
00 81 10181 80	Hanna	IDITED OF CERTIFICE		ATTERNACE COCE	MONT		
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$.00	\$.00	.000 \$		\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
	0	0 &	.00				\$.00
@PODIATRIST	0	U Ş		•	.000 \$		•
MEDICINE/INJECTIONS	U	U	.00	.00	.000	.00	.00
SURGERY/ANES.	0	Ü	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$.00	\$.00	.000 \$.00	\$.00
NURSE ANESTHESIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
NURSE MIDWIFE	0	0 \$.00	\$.00	.000 \$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
@TOTAL HOSPITAL	0	U	.00	\$.00	.000 \$.00	\$.00
	0	0 \$			•		
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
	0	0					
PATHOLOGY	U	U	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	n	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
	0	0					
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	Ō	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	_	ES AND EXPENDITURES MO					PAGE 683
MOP024	FEE-FOR-SERVICE		SNIH OF FAIMENT RE	SPORT FOR UAIN	Z005 TIMO DE	2005	01/29/04
AMADOR COUNTY		ICES FOR TITLE II DIS	CDECADD - DITND	AID CODES 26	5 67		01/29/04
AMADON COUNTI	SUMMART OF SERV	ICES FOR TITLE II DI.	SKEGARD - BUIND	AID CODES ZO	MON'	דעו.ע אוודף א	CF
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVFRACE COST	UNITS/DAYS		COST PER
00 EHIGIBHES	OSEKS	OR DAYS OF CARE	EXPENDITORES	PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$		
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000 \$.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
	0	0					
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	U	0	.00	.00	.000	.00	.00
ANCILLARIES	U	U	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	U	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	U	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$.00	\$.00	.000 \$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0 \$.00	\$.00	.000 \$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0 \$.00	\$.00	.000 \$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0 \$.00	\$.00	.000 \$.00	\$.00
PATHOLOGY	Ô	0	.00	.00	.000	.00	.00
XO AND OTHERS	Ô	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	Ô	0 \$.00	\$.00	.000 \$.00	\$.00
CLINIC	n	0	.00	.00	.000	.00	.00
SURGICENTER	n	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES MO					PAGE 684
"CTITE DELI OF HEUTITI DELVA	THE CLASS OFFICE TO	TO THAT THE TAND IN	ATTENT OF THE PROPERTY IN	TOTAL TOTAL	2000 TIMO DE		11701 004

MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER	COST PER
OR DAYS OF CARE PER UNIT/DAY PER ELIG USER	ELIGIBLE
@ALL OTHER PROVIDERS 0 0 \$.00 \$.00 \$.00 \$.00 \$.00
DURABLE MED. EQUIP. 0 0 .00 .00 .00 .00	.00
BLOOD BANK 0 0 .00 .00 .00 .00	.00
HEARING AID DISPENSERS 0 0 .00 .00 .00 .00 .00	.00
MEDICAL TRANSPORTATION 0 0 .00 .00 .00 .00	.00
AMBULANCES/AIR TRANS 0 0 .00 .00 .00 .00 .00	.00
OTHER TRANS 0 0 0 .00 .00 .00 .00	.00
OTHER SERVICES 0 0 .00 .00 .00 .00	.00
ACUPUNCTURE 0 0 0 .00 .00 .00 .00	.00
ADULT DAY HEALTH CARE CTR 0 0 .00 .00 .00 .00	.00
GENETIC DISEASE TESTING 0 0 .00 .00 .00 .00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP 0 0 .00 .00 .00 .00 .00	.00
OCCUPATIONAL THERAPIST 0 0 .00 .00 .00 .00 .00	.00
OPTICIAN 0 0 .00 .00 .00 .00	.00
PHYSICAL THERAPIST 0 0 .00 .00 .00 .00	.00
PORTABLE X-RAY 0 0 .00 .00 .00 .00 .00	.00
PROSTHETIST/ORTHOTISTS 0 0 .00 .00 .00 .00 .00	.00
PROSTHETICS 0 0 .00 .00 .00 .00	.00
ORTHOTICS 0 0 .00 .00 .00 .00 .00	.00
PSYCHOLOGIST 0 0 .00 .00 .00 .00	.00
SPEECH AND AUDIOLOGY 0 0 .00 .00 .00 .00	.00
HOSPICE SERVICES 0 0 .00 .00 .00 .00	.00
NONINST BIRTHING CENTERS 0 0 .00 .00 .00 .00	.00
LOCAL EDUCATION AGENCIES 0 0 .00 .00 .00 .00	.00
EPSDT SUPPLEMENTAL SERVICE 0 0 .00 .00 .00 .00	.00
RESPIRATORY CARE PRACT. 0 0 .00 .00 .00 .00 .00	.00
PED SUBACUTE REHAB/WEANING 0 0 .00 .00 .00 .00	.00
ALL OTHER PROVIDERS 0 0 .00 .00 .00 .00	.00
@CALIF. CHILDREN SERVICES* 0 0 \$.00 \$.00 \$.00 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP** 0 0 \$.00 \$.00 \$.00 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 685 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

AMADOR COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C ------ MONTHLY AVERAGE ------

126 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	105	824 \$	37,896.89	\$ 45.99	6.540 \$	360.92	\$ 300.77
@PHYSICIANS SERVICES	28	64 \$	744.25	\$ 11.63	.508 \$	26.58	\$ 5.91
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	28	64	744.25	11.63	.508	26.58	5.91
@PHARMACY	99	633	\$ 30,522.94	\$ 48.22	5.024	\$ 308.31	\$ 242.25
PRESCRIPTION DRUGS	98	407	29,197.51	71.74	3.230	297.93	231.73

SNF/ICF	0	0	.0	.00	.000	.00	.00
OUTPATIENTS	98	407	29,197.5	T 71.74	3.230	297.93	231.73
MEDICAL SUPPLIES	11	226	1,325.4	5.86	1.794	120.49	10.52
@DENTIST	6	33 \$	1,376.0	\$ 41.70	.262	\$ 229.33	\$ 10.92
VISITS - DIAGNOSTIC	5	20	367.0	18.35	.159	73.40	2.91
ORAL SURGERY	0	0	.0	.00	.000	.00	.00
DRUGS	0	0	.0	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	1	1	118.0	118.00	.008	118.00	.94
ENDODONTICS	1	1	260.0	260.00	.008	260.00	2.06
RESTORATIVE DENTISTRY	3	11	631.0	57.36	.087	210.33	5.01
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT	REPORT FOR JA	N 2003 THRU	DEC 2003	PAGE 686
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
AMADOR COUNTY	SUMMARY OF SERVICES FOR	R TITLE II	DISREGARD - DISABI	LED AID CODES	36 66 6C		

----- MONTHLY AVERAGE -----126 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 15.85 @OPTOMETRIST 3 110.96 .056 \$ 36.99 \$.88 DIAGNOSTIC AND ANC. PROCED 1 15.00 15.00 .008 15.00 .12 95.96 15.99 47.98 EYE APPLIANCES 6 .048 .76 OTHER OPTOMETRIC SERVICES .00 .00 .000 .00 0 .00 @CHIROPRACTOR .00 .00 .000 \$.00 .00 VISITS 0 .00 .00 .000 .00 .00 OTHER SERVICES .00 .00 .000 .00 .00 @PODIATRIST 10.10 5.05 .016 \$ 5.05 .08 .000 .00 .00 MEDICINE/INJECTIONS .00 .00 .00 .00 SURGERY/ANES. .00 .000 .00 RADIO./PATHOLOGY 0 .00 .00 .000 .00 .00 OTHER 10.10 5.05 .016 5.05 .08 .00 .00 .000 \$.00 @HOME HEALTH AGENCY .00 NURSE ANESTHESIST .00 .00 .000 .00 .00 NURSE MIDWIFE 0 .00 \$.00 .000 .00 \$.00 PEDIATRIC NURSE PRACTITIONER 0 .00 .00 .000 .00 \$.00 FAMILY NURSE PRACTITIONER 0 .00 .00 .000 .00 \$.00 @TOTAL HOSPITAL 17 2,860.08 168.24 .135 408.58 22.70 HOSP INPATIENT TOTAL 2,520.00 280.00 .071 840.00 20.00 HSC HOSPITALS .00 .00 .000 .00 .00 NON-HSC HOSPITAL TOTAL .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 ACCOMMODATIONS .00 .00 .000 ADMINISTRATIVE DAYS TRANSITIONAL IP CARE .00 .00 .000 .00 .00 .00 .00 .00 ALL OTHER ACCOM .000 .00 ANCILLARIES .00 .00 .000 .00 .00 INPATIENT CROSSOVERS 2,520.00 280.00 .071 840.00 20.00 ALL OTHER INPATIENT .000 .00 .00 .00 .00 HOSP OUTPATIENT TOTAL 340.08 42.51 68.02 2.70 .063 .000 MEDICAL .00 .00 .00 .00 SURGERY .00 .00 .000 .00 .00 .00 .00 .00 .000 PATHOLOGY .00 RADIOLOGY 1 66.05 66.05 .008 66.05 .52 .00 ROOM USE .00 .000 .00 .00 274.03 39.15 .056 68.51 2.17 CROSSOVERS/ALL OTH OUTPTNT @COUNTY HOSPITAL TOTAL .00 \$.00 .000 \$.00 \$.00

CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2003 THRU DEC	2003	PAGE 687
MOP024	FEE-FOR-SERVICE/DENTAL	Ĺ					01/29/04

AMADOR COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C

AMADOR COUNTY	SUMMARI OF SERV.	ICES FOR III	דד מיד	L DI	SKEGARD - DISABLEL	AII	D CODES 30				~=	
106 55 565 56	TIGED G		an			3.7.7		M				
126 ELIGIBLES	USERS	UNITS OF SER			EXPENDITURES		ERAGE COST					COST PER
	_	OR DAYS OF		4.			R UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	./	1	.7	\$	2,860.08	\$	168.24	.135	Ş	408.58	\$	22.70
COMM HOSP INPATIENT TOTAL	3		9		2,520.00		280.00	.071		840.00		20.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	3		9		2,520.00		280.00	.071		840.00		20.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	5		8		340.08		42.51	.063		68.02		2.70
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	1		1		66.05		66.05	.008		66.05		.52
ROOM USE	0		0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	4		7		274.03		39.15	.056		68.51		2.17
@STATE HOSPITAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0		0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0		0		.00		.00	.000		.00		.00
@NURSING FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0		0	•	.00	•	.00	.000	-	.00	-	.00
LEV B-REHAB MD	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0		0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
LEV B-REGULAR	0		0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0		0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0		0	•	.00	•	.00	.000		.00		.00
ICF DD	0		0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0		0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0		0	\$.00	\$.00		\$.00	Ś	.00
HOSPITAL BASED	0		0	т	.00	Υ	.00	.000	Ψ.	.00	Ψ.	.00
HEMODIALYSIS CENTER	0		0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0		0	\$.00	Ś	.00	.000	Ś	.00	\$.00
HOSPITAL BASED	0		0	~	.00	Υ.	.00	.000	~	.00	٧	.00
	0		•		.00					. 50		

INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	2	2	\$	3.96	\$	1.98	.016	\$	1.98	\$.03
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	2	2		3.96		1.98	.016		1.98		.03
@ORGANIZED OUTPATIENT CLINIC	18	22	\$	1,515.67	\$	68.89	.175	\$	84.20	\$	12.03
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	18	22		1,515.67		68.89	.175		84.20		12.03
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITURE	S MONTH-O	F-PAYMENT I	REPORT	FOR JAN	2003 THRU	DEC	2003	PF	AGE 688
MOP024	FEE-FOR-SERVICE/DEN	ΓAL									01/29/04
AMADOR COUNTY	SUMMARY OF SERVICES	FOR TITLE II	DISREGAR	D - DISABLI	ED AID	CODES 36	66 6C				
							N	TTTION	TV ATTEDA	CF -	

----- MONTHLY AVERAGE -----126 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 44 752.93 17.11 .349 \$ 83.66 \$ 5.98 DURABLE MED. EQUIP. 1 1 74.13 74.13 .008 74.13 .59 Ω 0 .00 .00 .000 . 00 . 00 BLOOD BANK HEARING AID DISPENSERS .00 .00 .000 .00 .00 .00 .00 .000 .00 MEDICAL TRANSPORTATION .00 .00 .00 .000 .00 .00 AMBULANCES/AIR TRANS 0 .00 .00 .000 .00 .00 OTHER TRANS .00 .000 .00 .00 OTHER SERVICES .00 .00 ACUPUNCTURE .00 .000 .00 .00 .00 .00 .000 .00 ADULT DAY HEALTH CARE CTR .00 GENETIC DISEASE TESTING .00 .00 .000 .00 .00 .00 .000 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .00 .00 OCCUPATIONAL THERAPIST .00 .00 .000 .00 .00 OPTICIAN 26.08 13.04 .016 26.08 .21 PHYSICAL THERAPIST .00 .00 .000 .00 .00 PORTABLE X-RAY Ω .00 .00 .000 .00 .00 .00 PROSTHETIST/ORTHOTISTS Ω .00 .000 .00 .00 .000 .00 .00 .00 .00 PROSTHETICS ORTHOTICS .00 .00 .000 . 00 .00 .00 PSYCHOLOGIST .00 .00 .000 .00 SPEECH AND AUDIOLOGY .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 HOSPICE SERVICES .00 NONINST BIRTHING CENTERS .00 .000 .00 .00 LOCAL EDUCATION AGENCIES .00 .00 .000 .00 .00 0 EPSDT SUPPLEMENTAL SERVICE .00 .00 .000 .00 .00 RESPIRATORY CARE PRACT. 0 .00 .00 .000 .00 .00 0 .00 PED SUBACUTE REHAB/WEANING .00 .00 .000 .00 .325 ALL OTHER PROVIDERS 41 652.72 15.92 72.52 5.18 .00 \$ @CALIF. CHILDREN SERVICES* 0 .00 \$.00 .000 \$.00 4,205.06 @XOVER EXCLUDING STATE HOSP** 34 116 36.25 .921 \$ 123.68 \$ 33.37

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 689
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
AMADOR COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES DISCONTINUED

						_						
								MC	TNC	HLY AVERA	GE	
00 ELIGIBLES	USERS	UNITS OF	SERVICE	}	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	3	COST PER		COST PER
		OR DAYS	OF CARE	}		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	0		0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0		0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0		0		.00		.00	.000		.00		.00
OFFICE VISITS	0		0		.00		.00	.000		.00		.00
HOME VISITS	0		0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0		0		.00		.00	.000		.00		.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

			0.0	0.0	0.00	0.0	0.0
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
	0	0					
SNF/ICF/TRANS IP CARE	U	U	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	Û	0	.00	.00	.000	.00	.00
	0	0					
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	Ü	Ü	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	Ô	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0					
RADIOLOGY	U	U	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$.00	\$.00	.000 \$.00	\$.00
PRESCRIPTION DRUGS	Ô	0	.00	.00	.000	.00	.00
SNF/ICF	0	Ö	.00	.00	.000	.00	.00
	0						
OUTPATIENTS	U	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00	\$.00	.000 \$		\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	Ô	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0					
ENDODONTICS	U	U	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
	0	0					
ALL OTHER SERVICES	•	· ·	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES MON	TH-OF-PAYMENT REI	PORT FOR JAN 2	1003 THRU DEC	2003	PAGE 690
MOP024	FEE-FOR-SERVICE						01/29/04
AMADOR COUNTY	SUMMARY OF SERV	ICES FOR TITLE II DISR	EGARD - FAMILIES	DISCONTINU	IED		
					MONT		E
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	0	0 \$.00	\$.00	.000 \$		\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
	0	0	.00		.000	.00	.00
EYE APPLIANCES				.00			
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$.00	\$.00	.000 \$		\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	-						
	0	0	.00	.00	.000	.00	.00
@PODIATRIST	-		.00	.00	.000 .000 \$.00
	0		.00	\$.00	.000 \$.00	\$.00
@PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES.	0	0 \$					

DADIO /DATIIOI OCV	0	0	.00	.00	.000	.00	0.0
RADIO./PATHOLOGY	U	U					.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000 \$.00 \$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000 \$.00 \$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000 \$.00 \$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000 \$.00 \$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000 \$.00 \$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000 \$.00 \$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00 \$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
		XPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 200	3 THRU DEC	2003	PAGE 691
	FEE-FOR-SERVICE/DENTAL						01/29/04
AMADOR COUNTY S	SUMMARY OF SERVICES FOR	TITLE II D	ISREGARD - FAMILIES	DISCONTINUED			
					MONTH	ILY AVERAGI	Ε
00 BITGIDIBG	TIGEDO INTEGO	T CERTIFICE	DANDARD TOTAL ALIO	DAGE GOOD IN	TEMO / DATE O	OOM DED	COCH DED

					MON		
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$.00	\$.00	.000 \$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITU	RES MO	NTH-OF-PAYMENT RE	EPORT	FOR JAN 200	3 THRU	DEC	2003	PAGE	692
MOP024	FEE-FOR-SERVICE/DENTA	<u></u>								(01/29/04

AMADOR COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES DISCONTINUED

00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000 \$.00	\$.00
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0		.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000 \$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000 \$.00	\$.00
@* TOTALS IN THESE LINES ARE CIVE	AGAGTO A OKDADA	TE INFORMATION T	TEM ONLY	• •				

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

----- MONTHLY AVERAGE -----

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 MOP024 FEE-FOR-SERVICE/DENTAL

USERS UNITS OF SERVICE

OR DAYS OF CARE

301 ELIGIBLES

AMADOR COUNTY	SUMMARY OF SERV	ICES FOR TITLE I	I D	ISREGARD - TOTAL							
201								-	HLY AVERA	-	
301 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAY				COST PER
		OR DAYS OF CARE					PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	265	5,762	\$	112,069.78	\$	19.45	19.143			\$	372.32
@PHYSICIANS SERVICES	57	113	\$	1,476.36	\$	13.07	.375	\$		\$	4.90
OUTPATIENT VISITS	0	0		.00		.00	.000		.00		.00
OFFICE VISITS	0	0		.00		.00	.000		.00		.00
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0	0		.00		.00	.000		.00		.00
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	0	0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0	0		.00		.00	.000		.00		.00
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	1	1		46.44		46.44	.003		46.44		.15
EXAMINATIONS	1	1		46.44		46.44	.003		46.44		.15
SERVICES AND MATERIALS	0	Ō		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00							
OUTPATIENT SURGERY	0	0				.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	57	112	4.	1,429.92	4.	12.77	.372	4.	25.09	4.	4.75
@PHARMACY	245	1,247	\$	75,957.24	\$	60.91	4.143	Ş	310.03	Ş	252.35
PRESCRIPTION DRUGS	244	1,001		73,941.01		73.87	3.326		303.04		245.65
SNF/ICF	2	9		358.73		39.86	.030		179.37		1.19
OUTPATIENTS	242	992		73,582.28		74.18	3.296		304.06		244.46
MEDICAL SUPPLIES	26	246		2,016.23		8.20	.817		77.55		6.70
@DENTIST	17	71	\$	2,536.00	\$	35.72	.236	\$	149.18	\$	8.43
VISITS - DIAGNOSTIC	9	46		632.00		13.74	.153		70.22		2.10
ORAL SURGERY	1	3		255.00		85.00	.010		255.00		.85
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	1	1		118.00		118.00	.003		118.00		.39
ENDODONTICS	1	1		260.00		260.00	.003		260.00		.86
RESTORATIVE DENTISTRY	4	14		826.00		59.00	.047		206.50		2.74
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	5	6		445.00		74.17	.020		89.00		1.48
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	ES I	MONTH-OF-PAYMENT RE	PORT			DEC		P	AGE 694
MOP024	FEE-FOR-SERVICE		-		_			_			01/29/04
AMADOR COUNTY		ICES FOR TITLE I	I D	ISREGARD - TOTAL							- ,, 3-
				- -			M	ONT	HLY AVERA	GE ·	
201 FF TOTRE FO	HGERG	INITEG OF CERTIFICE		EXPENDIBLE	7 7 7 7 7	DAGE GOGE	TINTERO /DAS			,	COCH DED

EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

PER UNIT/DAY PER ELIG USER

ELIGIBLE

STATE STAT	@OPTOMETRIST	9	20	\$	351.49	Ġ	17.57	.066	\$	39.05	\$	1.17
THE APPLIANCES 5 15 245.03 16.34 0.50 49.01 9.01 0.00 0.00 0.00 0.00 1.00 0.00 0				Ą		Ą			Ą		Ą	
STREET COMMERTIC SERVICES 1												
UTHING COLOR												
OTHER SERVICES		1		4		4			ė.		4	
SPICIAL SERVICES 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0		\$		Ş			Ş		Ş	
## MEDICINFEITIONS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0										
MEDICINE/INITECTIONS 0 0 0 0.00 0.00 0.00 0.00 0.00 0.00 0		0		4.		4.						
SURGERY/ANES. 0 0 0 0.00 .00 .00 .00 .00 .00 .00 .0		6		\$		\$			\$		\$	
RADIO./PATHOLOGY	MEDICINE/INJECTIONS	0	-									
## Control Con	SURGERY/ANES.	0										.00
### HALTH AGENCY 0 0 \$ 0.00 \$.00 \$	RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
NURSE MINISTER 0 0 \$ 0.00 \$.	OTHER	6	6		40.12		6.69	.020		6.69		.13
NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER 0 0 \$.00 \$.00 .00 \$.00 \$.00 \$.00 PARTILLY NURSE PRACTITIONER 0 0 \$.00 \$.00 \$.00 .00 \$.00 \$.00 PARTILLY NURSE PRACTITIONER 0 0 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 PARTILLY NURSE PRACTITIONER 0 0 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 PARTILLY NURSE PRACTITIONER 0 0 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 PARTILLY NURSE PRACTITIONER 0 0 0 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 PARTILLY NURSE PRACTITIONER 0 0 0 \$.00 \$.00 \$.00 \$.00 \$.00 PARTILLY NURSE PRACTITIONER 1 12 5 1 \$.00 PARTILLY 1 \$.00 \$.00 \$.00 \$.00 PARTILLY NURSE PRACTITIONER 1 12 5 1 \$.00 PARTILLY 1 \$.00 \$.00 PARTILLY NURSE PRACTITIONER 1 12 5 1 \$.00 PARTILLY 1 \$.00 PARTILLY NURSE PRACTITIONER 1 12 5 1 \$.00 PARTILLY 1 \$.00 PARTILLY PARTILLY NURSE PRACTITIONER 1 12 5 1 \$.00 PARTILLY 1 \$.00 PARTILLY PART	@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER 0 0 \$.00 \$.00 .00 \$	PEDIATRIC NURSE PRACTITIONER	0	0	\$.00		.00	.000	\$.00	\$.00
## STATE 12 51 \$ 5,027.91 \$ 98.59 1.69 \$ 1418.99 \$ 16.70 HOSP INPATIENT TOTAL 4 20 3,360.00 168.00 0.66 840.00 11.16 HSC HOSPITALS 0 0 0 0.00 0.00 0.00 0.00 0.00 ACCOMMODATIONS 0 0 0 0.00 0.00 0.00 0.00 0.00 ACCOMMODATIONS 0 0 0 0.00 0.00 0.00 0.00 0.00 ADMINISTRATIVED DAYS 0 0 0 0.00 0.00 0.00 0.00 0.00 ADMINISTRATIVED DAYS 0 0 0 0.00 0.00 0.00 0.00 0.00 ALL OTHER ACCOM 0 0 0 0.00 0.00 0.00 0.00 0.00 ANCILLARIES 0 0 0 0.00 0.00 0.00 0.00 0.00 0.00 INPATIENT CROSSOVERS 4 20 3,360.00 168.00 0.66 840.00 11.16 ALL OTHER ACCOM 0 0 0 0.00 0.00 0.00 0.00 0.00 HOSP OUTPATIENT TOTAL 9 31 1,667.91 53.80 1.03 185.32 5.54 MEDICAL 0 0 0 0.00 0.00 0.00 0.00 0.00 0.00 ACCOMMODATION 0 0 0 0 0.00 0.00 0.00 0.00 0.00 0.00 ACCOMMODATION 0 0 0 0 0 0.00 0.00 0.00 0.00 0.00 0.00 ACCOMMODATION 0 0 0 0 0 0 0 0 0.00 0.	FAMILY NURSE PRACTITIONER	0	0	\$.00		.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL HSC HOSPITALS O O O O NON-HSC HOSPITALS O O O O O O O O O O O O O O O O O O O		12	51	Ś	5.027.91		98.59					
HISC HOSPITALIS				Υ		Ψ.			τ		т	
NON-HSC HOSPITAL TOTAL 0 0 0 00 00 00 00 00 00 00 ACCOMMODATIONS 0 0 0 0 0 00 00 00 00 00 00 00 00 ACCOMMODATIONS 0 0 0 0 0 00 00 00 00 00 00 00 00 00 ADMINISTRATIVE DAYS 0 0 0 0 0 00 00 00 00 00 00 00 00 ADMINISTRATIVE DAYS 0 0 0 0 0 0 0 00 00 00 00 00 00 00 ADMINISTRATIVE DAYS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		=										
ACCOMMODATIONS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		•										
ADMINISTRATIVE DAYS O TRANSITIONAL 1P CARE O O O O O O O O O O O O O		•										
TRANSITIONAL TP CARE 0		-										
ALL OTHER ACCOM ANCILLARIES 0 0 0 0.00 0.00 0.00 0.00 0.00 INPATIENT CROSSOVERS 4 20 3,360.00 168.00 0.66 840.00 1.1.16 ALL OTHER INPATIENT 0 0 0 0.00 0.00 0.00 0.00 0.00 HOSP OUTPATIENT TOTAL 9 31 1,667.91 53.80 1.03 185.32 5.54 MEDICAL MEDICAL MEDICAL 1 0 0 0 0.00 0.00 0.00 0.00 0.00 PATHOLOGY PATHOLOGY RADIOLOGY RADIOLOG		•										
ANCILIARIES 0 0 000	-	-										
INPATIENT CROSSOVERS		•										
ALL OTHER INPATIENT 0 0 0 0.00 0.00 0.00 0.00 0.00 0.00 0		0										
HOSP OUTPATIENT TOTAL		4										
MEDICAL SURGRY O O O O O O O O O O O O O O O O O O O		•										
SURGERY PATHOLOGY PATHOLOGY RADIOLOGY RAMADOR COUNTY RAMADOR COUNTY RAMADOR COUNTY RAMADOR COUNTY RAMADOR SERVICES FOR TITLE II DISREGARD - TOTAL RAVERAGE COST UNITS/DAYS POR PER COST PER COST PER COST PER COST PER COST PER PER UNITI/DAY PER ELIG USER ELIGIBLES RAVERAGE COST UNITS/DAYS PER ELIG USER ELIGIBLES RAVERAGE COST UNITS/DAYS PER ELIG USER ELIGIBLES		-										
PATHOLOGY RADIOLOGY RADIOLOGY 1 1 1 1 66.05 66.05 .003 66.05 .22 ROOM USE 0 0 0 .00 .00 .00 .00 .00 .00 .00 CROSSOVERS/ALL OTH OUTPINT 8 30 1,601.86 53.40 .100 200.23 5.32 @COUNTY HOSPITAL TOTAL 0 0 \$.00 \$.00 .00 .00 \$.00 \$.00 CO HOSPITAL INPATIENT TOTAL 0 0 0 .00 .00 .00 .00 .00 .00 NON-HSC HOSPITALS 0 0 0 .00 .00 .00 .00 .00 .00 .00 NON-HSC HOSPITALS 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 NON-HSC HOSPITALS 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 ACCOMMODATIONS 0 0 0 .00 .00 .00 .00 .00 .00 .00 ADMINISTRATIVE DAYS 0 0 0 .00 .00 .00 .00 .00 .00 .00 ADMINISTRATIVE DAYS 0 0 0 .00 .00 .00 .00 .00 .00 .00 TRANSITIONAL IP CARE 0 0 0 .00 .00 .00 .00 .00 .00 .00 ANCILLARIES 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 ANCILLARIES 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 .0		0										
RADIOLOGY ROOM USE RO		0										
ROOM USE CROSSOVERS/ALL OTH OUTPINT		0										
CROSSOVERS/ALL OTH OUTPINT	RADIOLOGY	1										
©COUNTY HOSPITAL TOTAL 0 0 \$.00 \$.	ROOM USE	0										
CO HOSPITAL INPATIENT TOTAL O O O O O O O O O O O O O O O O O O O	CROSSOVERS/ALL OTH OUTPTNT	8			1,601.86		53.40					5.32
HSC HOSPITALS		0	0	\$.00	\$.00	.000	\$.00	\$.00
NON-HSC HOSPITALS TOTAL 0 0 0 0.00 .00 .00 .00 .00 .00 .00 .00	CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS 0 0 0 00 00 00 00 00 00 00 00 ADMINISTRATIVE DAYS 0 0 0 0 00 00 00 00 00 00 00 00 00 ADMINISTRATIVE DAYS 0 0 0 0 00 00 00 00 00 00 00 00 00 00	HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS O O O O O O O O O O O O O	NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
ANCILLARIES 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	ANCILLARIES	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT O	INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
MEDICAL 0 0 0 .00 .00 .000 .000 .000 .000 .00		0	0		.00			.000		.00		
SURGERY 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		0	0									
PATHOLOGY 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0	0									
RADIOLOGY ROOM USE O CROSSOVERS/ALL OTH OUTPINT O CROSSOVERS/ALL OTH OUTPI		0										
ROOM USE 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		Ô	-									
CROSSOVERS/ALL OTH OUTPTNT 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		0	-									
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 695 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 SUMMARY OF SERVICES FOR TITLE II DISREGARD - TOTAL MONTHLY AVERAGE MONTHLY AVERAGE MONTHLY AVERAGE		0	•									
MOP024 FEE-FOR-SERVICE/DENTAL AMADOR COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - TOTAL 301 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE		•	-	M PHAII		EDOD')EC		D7v	
AMADOR COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - TOTAL MONTHLY AVERAGE 301 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE				OKES IV	ONTH-OR-PAIMENT RE	⊔r ∪K	I LOW OWN Z	OND IUVUI	ے بندر	2003	PA	
MONTHLY AVERAGE 301 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE				ית דד י	CDECIDD - TOTAL							01/23/04
301 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE	AMADOR COUNTI	DUMAKI UF BEKV	TOTO LOK IIIPE		TAIOI - CARDENE.			M/	יזייוער	T.V 7/1/107	CF -	
OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE	201 FITCIDIFC	HOPDO	IMITTO OF CEDIT	CF	FYDFNDTTIDEC	7\ \ 7.						
	OUT FFIGIRES	USEKS			FVLFNDTIOKES				5 C			
©CONTINUTITI TOOSETTAD TOTAL \$ 418.99 \$ 16.70	ACOMMINITY HOCDITAL TOTAL	1 2			F 007 01				ċ.			
	@COMMONITI TOSPITAL TOTAL	12	21	Ą	3,027.91	Ą	20.33	.109	Ą	± ±0.33	Ą	10.70

COMM HOSP INPATIENT TOTAL	4	20	3,360.00	168.00	.066	840.00	11.16
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	4	20	3,360.00	168.00	.066	840.00	11.16
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	9	31	1,667.91	53.80	.103	185.32	5.54
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	1	1	66.05	66.05	.003	66.05	.22
ROOM USE	0	0	.00	.00	.000	.00	.00

CROSSOVERS/ALL OTH OUTPINT	8	30		1,601.86		53.40	.100		200.23		5.32
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	2	0	\$	3,251.43	\$.00	.000	\$	1625.72	\$	10.80
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	2	0		3,251.43		.00	.000		1625.72		10.80
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	10	12	\$	6,065.63	\$	505.47	.040	\$	606.56	\$	20.15
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	10	12		6,065.63		505.47	.040		606.56		20.15
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	3	5	\$	16.87	\$	3.37	.017	\$	5.62	\$.06
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	3	5		16.87		3.37	.017		5.62		.06
@ORGANIZED OUTPATIENT CLINIC	28	39	\$	3,771.85	\$	96.71	.130	\$	134.71	\$	12.53
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	28	39		3,771.85		96.71	.130		134.71		12.53
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	XPENDIT	JRES MON	TH-OF-PAYMENT RE	PORT	FOR JAN 2	003 THRU	DEC	2003	P.	AGE 696
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
AMADOR COUNTY	SUMMARY OF SERVICES FOR	TITLE	II DISR	EGARD - TOTAL							
							M	ONT	HLY AVERA	GE	

					MON	IHLY AVERA	GE
301 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	33	4,198 \$	13,574.88	\$ 3.23	13.947 \$	411.36	\$ 45.10
DURABLE MED. EQUIP.	3	7	2,507.89	358.27	.023	835.96	8.33
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	5	4,098	6,792.75	1.66	13.615	1358.55	22.57
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	5	4,098	6,792.75	1.66	13.615	1358.55	22.57
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	11	29	2,876.81	99.20	.096	261.53	9.56
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	7	19	218.48	11.50	.063	31.21	.73
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	1	502.04	502.04	.003	502.04	1.67
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00

RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	11	44	676.91	15.38	.146	61.54	2.25
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	73	211	\$ 16,498.20	\$ 78.19	.701	\$ 226.00	\$ 54.81

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 697 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 AMADOR COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED AID CODE 18

AMADOR COUNTY	SUMMARY OF SERV	LCES FOR IN HOME SUPPO	ORI - AGED	AID CODE	10		
					MONT	THLY AVERAGE	·
381 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	323	6,248 \$	152,996.85	\$ 24.49	16.399 \$	473.67 \$	401.57
@PHYSICIANS SERVICES	53	114 \$	2,223.58	\$ 19.51	.299 \$	41.95 \$	5.84
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	•	0					
OPHTHALMOLOGICAL SERVICES	0	g .	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	1	2	12.11	6.06	.005	12.11	.03
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	53	112	2,211.47	19.75	.294	41.73	5.80
@PHARMACY	254	2,751 \$	58,226.31	\$ 21.17	7.220 \$	229.24 \$	
PRESCRIPTION DRUGS	243	977	56,382.29	57.71	2.564	232.03	147.99
SNF/ICF	8	31	1,791.10	57.78	.081	223.89	4.70
OUTPATIENTS	235	946	54,591.19	57.71	2.483	232.30	143.28
MEDICAL SUPPLIES	33	1,774	1,844.02	1.04	4.656	55.88	4.84
@DENTIST	6	22 \$	516.00	\$ 23.45	.058 \$	86.00 \$	
VISITS - DIAGNOSTIC	4	18	193.00	10.72	.047	48.25	.51
ORAL SURGERY	1	2	138.00	69.00	.005	138.00	.36
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
	0	0					
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	U	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	Ü	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	2	2	185.00	92.50	.005	92.50	. 49
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00

0 MAXILLOFACIAL SERVICES 0 .00 .00 0 0 .00 .00 FRACTURES, DISLOCATIONS 0 0 .00 .00 ORTHODONTIC SERVICES 0 ALL OTHER SERVICES 0 .00 .00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE

MOP024 FEE-FOR-SERVICE/DENTAL

AID CODE 18 AMADOR COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED

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698 01/29/04

AMADOR COUNTY	SUMMARY OF SERV	VICES FOR IN HOME	SUP	PORT - AGED		AID CODE					
							MO	TNC	HLY AVERA	GE	
381 ELIGIBLES	USERS	UNITS OF SERVICE	C	EXPENDITURES	AVE	RAGE COST					COST PER
		OR DAYS OF CARE	C		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	12	22	\$	408.87	\$	18.59	.058	\$	34.07	\$	1.07
DIAGNOSTIC AND ANC. PROCED	4	4		49.02	•	12.26	.010		12.26	•	.13
EYE APPLIANCES	6	18		299.84		16.66	.047		49.97		.79
OTHER OPTOMETRIC SERVICES	2	0		60.01		.00	.000		30.01		.16
@CHIROPRACTOR	0	Õ	\$.00	\$.00	.000	¢	.00	Ġ	.00
VISITS	0	0	Ÿ	.00	Y	.00	.000	Y	.00	Y	.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
	11	11	\$	96.23	\$	8.75	.029	4	8.75	۸,	.25
@PODIATRIST	0	0	Ą		Ą	.00	.029	Ą	.00	Ą	.00
MEDICINE/INJECTIONS	0			.00							
SURGERY/ANES.	•	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	11	11		96.23	_	8.75	.029	_	8.75		. 25
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000		.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	Ş	.00	.000		.00	\$.00
NURSE MIDWIFE	0	0	\$ \$.00	\$.00	.000		.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000			\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000		.00	\$.00
@TOTAL HOSPITAL	9	15	\$	6,034.71	\$	402.31	.039	\$	670.52	\$	15.84
HOSP INPATIENT TOTAL	8	14		6,002.78		428.77	.037		750.35		15.76
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	8	14		6,002.78		428.77	.037		750.35		15.76
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	1	i 1		31.93		31.93	.003		31.93		.08
MEDICAL	Ď.	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
ROOM USE	1					31.93	.003		31.93		.08
CROSSOVERS/ALL OTH OUTPTNT	1	1	٠,	31.93	Ś			4	.00	۸,	
@COUNTY HOSPITAL TOTAL	0	0	\$.00	Ş	.00	.000	Ş		Þ	.00
CO HOSPITAL INPATIENT TOTAL	0	•		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	U	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00

RADIOLOGY 0 0 .00 .00 .00 .00 .000 .00 0 0 .00 ROOM USE .000 .00 .00 0 0 .00 .00 .00 CROSSOVERS/ALL OTH OUTPTNT .000 .00 MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 #CALIF DEPT OF HEALTH SERV PAGE 699 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

AMADOR COUNTY

MOP024	FEE-FOR-SERVICE/DEN										01/29/04
AMADOR COUNTY	SUMMARY OF SERVICES	FOR IN HOME	SUPPORT	T - AGED		AID CODE					
									HLY AVERA		
381 ELIGIBLES		TS OF SERVICE		EXPENDITURES		RAGE COST					COST PER
	OR	DAYS OF CARE				UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	9	15	\$	6,034.71	\$.039	\$	670.52	\$	15.84
COMM HOSP INPATIENT TOTAL	8	14		6,002.78		428.77	.037		750.35		15.76
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	8	14		6,002.78		428.77	.037		750.35		15.76
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	1	1		31.93		31.93	.003		31.93		.08
MEDICAL	Û	n n		.00		.00	.000		.00		.00
SURGERY	0	ñ		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	1	1		31.93		31.93	.003		31.93		.08
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	Ą	.00	Ą	.00	.000	Ą	.00	Ą	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
	15	•	Ċ		4			4		4	
@NURSING FACILITY	15	486	\$	48,418.10	Ş	99.63	1.276	\$	3227.87	\$	127.08
LEV A-INTERMEDIATE	0	0		.00		.00					.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	U	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	15	486		48,418.10	_	99.63	1.276	_	3227.87		127.08
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	Ş	.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	Ş	.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	2	2	\$	22.50	\$	11.25	.005	\$	11.25	\$.06
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	2	2		22.50		11.25	.005		11.25		.06
@ORGANIZED OUTPATIENT CLINIC	27	40	\$	4,583.65	\$	114.59	.105	\$		\$	12.03
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	27	40		4,583.65		114.59	.105		169.76		12.03
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ND EXPENDITUR	ES MONTE	H-OF-PAYMENT R	EPORT	FOR JAN 2	2003 THRU	DEC	2003	P	AGE 700
MOP024	FEE-FOR-SERVICE/DEN										01/29/04
ALLA DOD GOLLATION	CITALIDII OF CERTIFICE	TOD TAT TTOATT	GIIDDODI			TTD CODE	1.0				

----- MONTHLY AVERAGE -----381 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

AID CODE 18

SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED

		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	136	2,785 \$	32,466.90	\$ 11.66	7.310	\$ 238.73	\$ 85.21
DURABLE MED. EQUIP.	4	4	267.00	66.75	.010	66.75	.70
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	4	60	432.72	7.21	.157	108.18	1.14
AMBULANCES/AIR TRANS	1	7	298.18	42.60	.018	298.18	.78
OTHER TRANS	2	49	96.40	1.97	.129	48.20	.25
OTHER SERVICES	1	4	38.14	9.54	.010	38.14	.10
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	87	583	25,662.08	44.02	1.530	294.97	67.35
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	5	10	144.98	14.50	.026	29.00	.38
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	11	287.84	26.17	.029	143.92	.76
PROSTHETICS	2	11	287.84	26.17	.029	143.92	.76
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	65	2,117	5,672.28	2.68	5.556	87.27	14.89
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	125	335	\$ 15,190.49	\$ 45.34	.879	\$ 121.52	\$ 39.87

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 701 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

AMADOR COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND AID CODE 28 ----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @TOTAL, ALL PROVIDERS 0 0 .00 \$.00 .000 .00 \$.00 \$ \$ @PHYSICIANS SERVICES 0 0 \$.00 \$.00 .000 \$.00 \$.00 OUTPATIENT VISITS 0 .00 .00 .000 .00 0 .00 .00 .00 .00 OFFICE VISITS .000 .00 HOME VISITS .00 .00 .000 .00 .00 EMERGENCY ROOM .00 .00 .000 .00 .00 PREVENTIVE CARE .00 .00 .000 .00 .00 OB VISITS/COMPRE PERI .00 .00 .000 .00 .00 .00 .00 .000 .00 OTHER OUTPATIENT .00 INPATIENT VISITS .00 .00 .000 .00 .00 HOSPITAL VISITS .00 .00 .000 .00 .00 CRITICAL CARE .00 .00 .000 .00 .00 .00 .00 .00 SNF/ICF/TRANS IP CARE .000 .00 OPHTHALMOLOGICAL SERVICES .00 .00 .000 .00 .00 EXAMINATIONS .00 .00 .000 .00 .00 .00 SERVICES AND MATERIALS .00 .000 .00 .00 INPATIENT HOSPITAL SURGERY .00 .00 .000 .00 .00 PRINCIPAL SURGEON .00 .00 .000 .00 .00 ASSISTANT SURGEON .00 .00 .000 .00 .00 ANESTHESIOLOGIST .00 .00 .000 .00 .00 OUTPATIENT SURGERY .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 PRINCIPAL SURGEON .00 .00 .000 .00 .00 ASSISTANT SURGEON ANESTHESIOLOGIST .00 .00 .000 .00 .00 .00 .00 DIALYSIS .00 .000 .00 PATHOLOGY 0 .00 .00 .000 .00 .00 RADIOLOGY .00 .00 .000 .00 .00 **PSYCHIATRY** .00 .00 .000 .00 .00 IMMUNIZATION AND INJECTION 0 .00 .000 .00 .00 .00 OTHER SERVICES/ALL X-OVERS 0 .00 .00 .000 .00 .00 @PHARMACY .00 \$.00 .000 .00 \$.00 .00 .00 .00 PRESCRIPTION DRUGS .000 .00 SNF/ICF 0 .00 .00 .000 .00 .00 0 OUTPATIENTS .00 .00 .000 .00 .00 .00 .00 0 .00 .000 .00 MEDICAL SUPPLIES @DENTIST .00 \$.00 .000 \$.00 \$.00

			-								
VISITS - DIAGNOSTIC	0		0		.00	. 0		.000	.00		.00
ORAL SURGERY	0		0		.00	. 0		.000	.00		.00
DRUGS	0		0		.00	. 0		.000	.00		.00
ANESTHESIA	0		0		.00	. 0		.000	.00		.00
PERIODONTICS	0		0		.00	.0		.000	.00		.00
ENDODONTICS	0		0		.00	.0		.000	.00		.00
RESTORATIVE DENTISTRY	0		0		.00	.0		.000	.00		.00
PROSTHETICS	0		0		.00	.0		.000	.00		.00
DENTURES, STAYPLATES	0		0		.00	.0		.000	.00		.00
SPACE MAINTAINERS	0		0		.00	. 0		.000	.00		.00
MAXILLOFACIAL SERVICES	0		0		.00	.0		.000	.00		.00
FRACTURES, DISLOCATIONS	0		0		.00	.0		.000	.00		.00
ORTHODONTIC SERVICES	0		0		.00	.0		.000	.00		.00
ALL OTHER SERVICES	0		0		.00	.0		.000	.00		.00
#CALIF DEPT OF HEALTH SERV			PENDITUR	ES MC	NTH-OF-PAYMENT RI	EPORT FOR J	AN 2	003 THRU DE	C 2003	Р	AGE 702
MOP024	FEE-FOR-SERVICE										01/29/04
AMADOR COUNTY	SUMMARY OF SERV	ICES FOR	IN HOME	SUPF	PORT - BLIND	AID C	ODE	28			
								MON			
00 ELIGIBLES	USERS	UNITS OF			EXPENDITURES				COST PER		COST PER
		OR DAYS				- ,		PER ELIG	USER		ELIGIBLE
@OPTOMETRIST	0		0	\$.00	\$.0		.000 \$		\$.00
DIAGNOSTIC AND ANC. PROCED	0		0		.00	.0		.000	.00		.00
EYE APPLIANCES	0		0		.00	.0		.000	.00		.00
OTHER OPTOMETRIC SERVICES	0		0		.00	.0		.000	.00		.00
@CHIROPRACTOR	0		0	\$.00	\$.0		.000 \$		\$.00
VISITS	0		0		.00	.0	0	.000	.00		.00
OTHER SERVICES	0		0		.00	.0		.000	.00		.00
@PODIATRIST	0		0	\$.00	\$.0		.000 \$		\$.00
MEDICINE/INJECTIONS	0		0		.00	.0		.000	.00		.00
SURGERY/ANES.	0		0		.00	.0		.000	.00		.00
RADIO./PATHOLOGY	0		0		.00	.0		.000	.00		.00
OTHER	0		0		.00	.0		.000	.00		.00
@HOME HEALTH AGENCY	0		0	\$.00	\$.0		.000 \$.00
NURSE ANESTHESIST	0		0	\$.00	\$.0		.000 \$		\$.00
NURSE MIDWIFE	0		0	Ş	.00	\$.0		.000 \$.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$.00	\$.0		.000 \$		\$.00
FAMILY NURSE PRACTITIONER	0		0	Ş	.00	\$.0		.000 \$.00
@TOTAL HOSPITAL	0		0	\$.00	\$.0		.000 \$		\$.00
HOSP INPATIENT TOTAL	0		0		.00	. 0		.000	.00		.00
HSC HOSPITALS	0		0		.00	. 0		.000	.00		.00
NON-HSC HOSPITAL TOTAL	0		0		.00	. 0		.000	.00		.00
ACCOMMODATIONS	0		0		.00	. 0		.000	.00		.00
ADMINISTRATIVE DAYS	0		0		.00	.0		.000	.00		.00
TRANSITIONAL IP CARE	0		0		.00	. 0		.000	.00		.00
ALL OTHER ACCOM	0		0		.00	. 0		.000	.00		.00
ANCILLARIES	0		0		.00	. 0		.000	.00		.00
INPATIENT CROSSOVERS	Ō		0		.00	. 0		.000	.00		.00
ALL OTHER INPATIENT	Ō		0		.00	. 0		.000	.00		.00
HOSP OUTPATIENT TOTAL	0		0		.00	. 0		.000	.00		.00
MEDICAL	0		0		.00	. 0		.000	.00		.00
SURGERY	Ō		0		.00	. 0		.000	.00		.00
PATHOLOGY	0		0		.00	. 0		.000	.00		.00
PADIOLOGY	Λ		Λ		0.0	Λ	(1	000	0.0		0.0

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RADIOLOGY

@COUNTY HOSPITAL TOTAL

ACCOMMODATIONS

HSC HOSPITALS

CROSSOVERS/ALL OTH OUTPINT

CO HOSPITAL INPATIENT TOTAL

NON-HSC HOSPITALS TOTAL

ROOM USE

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ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00			00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00			00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00			00
ANCILLARIES	0		0		.00		.00	.000		.00			00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00			00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00			00
CO HOSP OUTPATIENT TOTAL	0		0		.00		.00	.000		.00			00
MEDICAL	0		0		.00		.00	.000		.00			00
SURGERY	0		0		.00		.00	.000		.00			00
PATHOLOGY	0		0		.00		.00	.000		.00			00
RADIOLOGY	0		0		.00		.00	.000		.00			00
ROOM USE	0		0		.00		.00	.000		.00			00
CROSSOVERS/ALL OTH OUTPTNT	0		0		.00		.00	.000		.00			00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE		ENDITURE	ES MONT	TH-OF-PAYMENT R	EPORT	FOR JAN 2	2003 THRU	DEC	2003	PI	-	703
MOP024	FEE-FOR-SERVICE											01/29	9/04
AMADOR COUNTY	SUMMARY OF SERVI	ICES FOR I	IN HOME	SUPPOR	RT - BLIND		AID CODE						
										HLY AVERA			
00 ELIGIBLES	USERS	UNITS OF S			EXPENDITURES			UNITS/DAY		COST PER		COST PI	
		OR DAYS C	OF CARE			PER		PER ELIG		USER		ELIGIB	LE
@COMMUNITY HOSPITAL TOTAL	0		0	\$.00	\$.00	.000	\$		\$		00
COMM HOSP INPATIENT TOTAL	0		0		.00		.00	.000		.00			00
HSC HOSPITALS	0		0		.00		.00	.000		.00			00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00			00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		. (00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		. (00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00			00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00			00
ANCILLARIES	0		0		.00		.00	.000		.00		. (00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		. (00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		. (00
COMM HOSP OUTPATIENT TOTAL	0		0		.00		.00	.000		.00		. (00
MEDICAL	0		0		.00		.00	.000		.00		. (00
SURGERY	0		0		.00		.00	.000		.00		. (00
PATHOLOGY	0		0		.00		.00	.000		.00			00
RADIOLOGY	0		0		.00		.00	.000		.00			00
ROOM USE	0		0		.00		.00	.000		.00		. (00
CROSSOVERS/ALL OTH OUTPTNT	0		0		.00		.00	.000		.00		. (00
@STATE HOSPITAL	0		0	\$.00	\$.00	.000	\$.00	\$. (00
MENTALLY ILL	0		0		.00		.00	.000		.00		. (00
DEVELOP. DISABLED	0		0		.00		.00	.000		.00			00
@NURSING FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$		00
LEV A-INTERMEDIATE	0		0		.00		.00	.000		.00		. (00
LEV B-REHAB MD	0		0		.00		.00	.000		.00		. (00
LEV B-SUBACUTE FREESTANDING	0		0		.00		.00	.000		.00			00
LEV B-SUBACUTE HSPTL BASED	0		0		.00		.00	.000		.00		. (00
LEV B-TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00			00
LEV B-REGULAR	0		0		.00		.00	.000		.00			00
@INTERMEDIATE CARE FACILDD	0		0	\$.00	\$.00	.000	\$.00	\$		00
ICF DDH	0		0		.00		.00	.000		.00			00
ICF DD	0		0		.00		.00	.000		.00			00
ICF DDN/DDCN	0		0		.00		.00	.000		.00			00
@HEMODIALYSIS TOTAL	0		0	\$.00	\$.00	.000	\$.00	\$		00
HOCDITAL DACED	n		Λ		0.0		0.0	000		0.0			$\cap \cap$

HOSPITAL BASED

HOSPITAL BASED

XO AND OTHERS

PATHOLOGY

@LABORATORY FACILITY

HEMODIALYSIS CENTER

@REHABILITATION FACILITY

INDEPENDENT FACILITY

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@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000	.00		.00
SURGICENTER	0	0		.00		.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	ES MONTH		PORT!				PAGI	
MOP024	FEE-FOR-SERVICE		DD MONTH	OI IMIMINI KE	ii Oiti	1 010 01110 2	1005 IIII(0 D.	10 2005	_	01/29/04
AMADOR COUNTY		ICES FOR IN HOME	CIIDDODT	DI TMD		AID CODE	20		,	11/29/04
AMADOR COUNTI	SUMMARI OF SERV	ICES FOR IN HOME	SUPPORT	- PLIND		AID CODE		ATITUTE 37 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	O.D.	
00 81 1618186	Hanna	INITES OF SERVICE			31700	7 CD COCE		NTHLY AVERA		
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAYS			ST PER
		OR DAYS OF CARE					PER ELIG	USER		IGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000		\$.00
DURABLE MED. EQUIP.	0	0		.00		.00	.000	.00		.00
BLOOD BANK	0	0		.00		.00	.000	.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000	.00		.00
MEDICAL TRANSPORTATION	0	0		.00		.00	.000	.00		.00
AMBULANCES/AIR TRANS	0	0		.00		.00	.000	.00		.00
OTHER TRANS	0	0		.00		.00	.000	.00		.00
OTHER SERVICES	0	0		.00		.00	.000	.00		.00
	0	0		.00				.00		
ACUPUNCTURE	0	0				.00	.000			.00
ADULT DAY HEALTH CARE CTR	U	U		.00		.00	.000	.00		.00
GENETIC DISEASE TESTING	Ü	0		.00		.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000	.00		.00
OPTICIAN	0	0		.00		.00	.000	.00		.00
PHYSICAL THERAPIST	0	0		.00		.00	.000	.00		.00
PORTABLE X-RAY	0	0		.00		.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	0	0		.00		.00	.000	.00		.00
PROSTHETICS	0	0		.00		.00	.000	.00		.00
ORTHOTICS	0	0		.00		.00	.000	.00		.00
PSYCHOLOGIST	0	0		.00		.00	.000	.00		.00
	0	0		.00		.00	.000	.00		.00
SPEECH AND AUDIOLOGY	0	0								
HOSPICE SERVICES	0	0		.00		.00	.000	.00		.00
NONINST BIRTHING CENTERS	U	U		.00		.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	Ü	0		.00		.00	.000	.00		.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00		.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0		.00		.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000	.00		.00
ALL OTHER PROVIDERS	0	0		.00		.00	.000	.00		.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00
@* TOTALS IN THESE LINES ARE		ATE INFORMATION I	TEM ONLY	;	•				•	
THE AMOUNTS ARE ALREADY IN										
** THESE DATA ARE INCLUDED I				OVE.						
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITUR		_OF_DAVMENT DE	ידם∩חי	EOD TAN C	ט ווסחה טיטט	EC 2003	PAGI	E 705
MOP024	FEE-FOR-SERVICE		ES MONTH	-OF-PAIMENT RE	PORT	FOR UAN 2	EUUS IIIKU D	3C 2003	_	01/29/04
			CIIDDODE	DIGNOLED		ATD CODE	60		(11/29/04
AMADOR COUNTY	SUMMARY OF SERV	ICES FOR IN HOME	SUPPORT	- DISABLED		AID CODE		ATERIT 37 ATTER 3	C.E.	
142 FF FGTPF FG	Hanna					7.00 CO.00	_	NTHLY AVERA	_	
143 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAYS			ST PER
		OR DAYS OF CARE				UNIT/DAY		USER		IGIBLE
@TOTAL, ALL PROVIDERS	144	9,682	\$	100,888.62	\$	10.42	67.706		\$ 7	705.51
@PHYSICIANS SERVICES	32	75	\$	983.99	\$	13.12	.524	\$ 30.75	\$	6.88
OUTPATIENT VISITS	2	2		83.50		41.75	.014	41.75		.58
OFFICE VISITS	2	2		83.50		41.75	.014	41.75		.58
HOME VISITS	0	0		.00		.00	.000	.00		.00
EMERGENCY ROOM	0	n		.00		.00	.000	.00		.00
PREVENTIVE CARE	0	0		.00		.00	.000	.00		.00
	0	0		.00		.00	.000	.00		.00
OB VISITS/COMPRE PERI										
OTHER OUTPATIENT	0	0		.00		.00	.000	.00		.00
INPATIENT VISITS	4	4		179.60		44.90	.028	44.90		1.26

HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	4	4	179.60	44.90	.028	44.90	1.26
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	3.50	3.50	.007	3.50	.02

RADIOLOGY	2	2		54.28		27.14	.014		27.14		.38
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	26	66		663.11		10.05	.462		25.50		4.64
@PHARMACY	127	8,295	\$	58,080.50	\$	7.00	58.007	ė,	457.33	بع	406.16
		·	Ą	•	Ą			Ą		Ą	
PRESCRIPTION DRUGS	118	571		52,257.50		91.52	3.993		442.86		365.44
SNF/ICF	2	10		295.95		29.60	.070		147.98		2.07
OUTPATIENTS	116	561		51,961.55		92.62	3.923		447.94		363.37
MEDICAL SUPPLIES	36	7,724		5,823.00		.75	54.014		161.75		40.72
@DENTIST	11	61	\$	4,010.00	\$	65.74	.427	\$	364.55	\$	28.04
VISITS - DIAGNOSTIC	6	23		290.00		12.61	.161		48.33		2.03
ORAL SURGERY	3	15		988.00		65.87	.105		329.33		6.91
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	Ö		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
	1	1									
ENDODONTICS				330.00		330.00	.007		330.00		2.31
RESTORATIVE DENTISTRY	3	15		1,172.00		78.13	.105		390.67		8.20
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	4	7		1,230.00		175.71	.049		307.50		8.60
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV			EC.	MONTH-OF-PAYMENT RE	ם מיטים			חהם		ח	AGE 706
			ED.	MONIH-OF-PAIMENT RE	PORI	FOR JAN 2	2003 IRKU	DEC	2003	PI	-
MOP024	FEE-FOR-SERVICE	•	~				60				01/29/04
AMADOR COUNTY	SUMMARY OF SERV	ICES FOR IN HOME	SU	PPORT - DISABLED		AID CODE					
									HLY AVERA	-	
143 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST					COST PER
		OR DAYS OF CARE			PEF	R UNIT/DAY	PER ELIG		USER	I	ELIGIBLE
@OPTOMETRIST	9	18	\$	360.51	\$	20.03	.126	\$	40.06	\$	2.52
DIAGNOSTIC AND ANC. PROCED	4	4		88.46		22.12	.028		22.12		.62
EYE APPLIANCES	4	12		181.66		15.14	.084		45.42		1.27
OTHER OPTOMETRIC SERVICES	3	2		90.39		45.20	.014		30.13		.63
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	Ś	.00	\$.00
VISITS	0	0	Υ	.00	т	.00	.000	Ψ.	.00	Ψ.	.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
	0	0	\$.00	\$.00	.000	4	.00	4	.00
@PODIATRIST	0	0	Ą		Ą			Ą		Ą	
MEDICINE/INJECTIONS	0			.00		.00	.000		.00		.00
SURGERY/ANES.	Ü	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0 2 0 0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	1	2	\$	71.36	\$	35.68	.014	\$	71.36	\$.50
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	. 0	0	Ė	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	Š	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	14	90	Ģ	4,839.57	\$	53.77	.629	\$	345.68	\$	33.84
HOSP INPATIENT TOTAL	5	22	Y	4,200.00	Ÿ	190.91	.154	Y	840.00	Ų	29.37
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	5	22		4,200.00		190.91	.154		840.00		29.37
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	9	68		639.57		9.41	.476		71.06		4.47
MEDICAL	0	0		.00		.00	.000		.00		.00
GIEDT CAT	U	U		.00		.00	.000		.00		. 0 0

SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	7	51	586.85	11.51	.357	83.84	4.10
	,						
RADIOLOGY	1	1	71.09	71.09	.007	71.09	.50
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	2	16	18.37CR	1.15CR	.112	9.19CR	.13CR
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	
	0			•			•
CO HOSPITAL INPATIENT TOTAL	Ü	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	Ō	0	.00	.00	.000	.00	.00
	0	0					
ADMINISTRATIVE DAYS	U	U	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	Ō	0	.00	.00	.000	.00	.00
	0	0					
INPATIENT CROSSOVERS	U	U	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
	0	0					
SURGERY	U	U	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
	0	0					
CROSSOVERS/ALL OTH OUTPTNT	U	· ·	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITURES MONT	TH-OF-PAYMENT RE	PORT FOR JAN 2	2003 THRU DEC	2003	PAGE 707
MOP024	FEE-FOR-SERVICE	DENTAL					01/29/04
AMADOR COUNTY		CES FOR IN HOME SUPPOR	RT - DISABLED	AID CODE	68		
THILDOIC COOKIT	BOILING OF BEILVE	TODO TOTE THE HOLLD BOTTON		1112 6022	MONT	יטג סשעוג ע זעי	
142 51 56 55 56		INITES OF SERVICES					
143 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	14	90 \$	4,839.57	\$ 53.77	.629 \$	345.68	33.84
COMM HOSP INPATIENT TOTAL	5	22	4,200.00	190.91	.154	840.00	29.37
	5		,				
HSC HOSPITALS	Ü	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	n	0	.00	.00	.000	.00	.00
	0	0					
TRANSITIONAL IP CARE	U	U	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	5	22	4,200.00	190.91	.154	840.00	29.37
	9	0	,				
ALL OTHER INPATIENT	Ū		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	9	68	639.57	9.41	.476	71.06	4.47
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	7	51	586.85	11.51	.357	83.84	4.10
	,						
RADIOLOGY	1	1	71.09	71.09	.007	71.09	.50
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	2	16	18.37CR	1.15CR	.112	9.19CR	.13CR
@STATE HOSPITAL	_	0 \$.00	\$.00	.000 \$.00	
	0	- 1					
MENTALLY ILL	•	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	7	247 \$	24,435.57	\$ 98.93	1.727 \$	3490.80	\$ 170.88
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0			.000	.00	
	•	_	.00	.00			.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	Ω	0	.00	.00	.000	.00	.00
	<u> </u>	247	24,435.57	98.93	1.727	3490.80	
LEV B-REGULAR	7				1 / 2 /	a + タロ・ロロ	170.88
	7						
@INTERMEDIATE CARE FACILDD	7 0	0 \$.00	\$.00	.000 \$.00	\$.00
@INTERMEDIATE CARE FACILDD ICF DDH	7 0 0						
	•	0 \$.00	\$.00	.000 \$.00	\$.00

ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	Ś	.00
HOSPITAL BASED	Ô	0	Υ	.00	٧	.00	.000	٧	.00	٧	.00
HEMODIALYSIS CENTER	Ô	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	Ô		\$.00	\$.00	.000	\$.00	Ġ	.00
HOSPITAL BASED	0	0	Y	.00	٧	.00	.000	٧	.00	٧	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
	1	<u>~</u>	\$.01	Ś	.01	.007	بي	.01	بن	.00
@LABORATORY FACILITY	1	0	Ą		Ą		.007	Ą	.00	Ą	
PATHOLOGY	0			.00		.00					.00
XO AND OTHERS		1		.01		.01	.007		.01		.00
@ORGANIZED OUTPATIENT CLINIC	25		\$	2,647.84	\$	57.56	.322	Ş	105.91	Ş	18.52
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	25	46		2,647.84		57.56	.322		105.91		18.52
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURE	S MON'	TH-OF-PAYMENT RI	EPORT	FOR JAN 2	003 THRU	DEC	2003	PΙ	AGE 708
MOP024	FEE-FOR-SERVICE	E/DENTAL									01/29/04
AMADOR COUNTY	SUMMARY OF SERV	VICES FOR IN HOME	SUPPO	RT - DISABLED		AID CODE	68				
							M	ONTH	LY AVERA	GE -	
143 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVEF	RAGE COST	UNITS/DAY	S C	COST PER	(COST PER
		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG		USER	Ι	ELIGIBLE
@ALL OTHER PROVIDERS	43		\$	5,459.27	\$	6.45	5.923	\$	126.96	\$	38.18
DURABLE MED. EQUIP.	2	2	•	102.30	'	51.15	.014		51.15		.72
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	1	1		25.00		25.00	.007		25.00		.17
MEDICAL TRANSPORTATION	3	117		181.02		1.55	.818		60.34		1.27
AMBULANCES/AIR TRANS	0	0		.00		.00	.000		.00		.00
OTHER TRANS	1	22		61.30		2.79	.154		61.30		.43
OTHER TRANS	2	95		119.72		1.26	.664		59.86		.84
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
	0	0					.000				
ADULT DAY HEALTH CARE CTR	0	0		.00		.00			.00		.00
GENETIC DISEASE TESTING	0 19	<u>~</u>		.00		.00	.000		.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	19	88		3,679.32		41.81	.615		193.65		25.73
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00
OPTICIAN	8	19		211.71		11.14	.133		26.46		1.48
PHYSICAL THERAPIST	0	0		.00		.00	.000		.00		.00
PORTABLE X-RAY	0	0		.00		.00	.000		.00		.00
PROSTHETIST/ORTHOTISTS	1	21		220.46		10.50	.147		220.46		1.54
PROSTHETICS	1	21		220.46		10.50	.147		220.46		1.54
ORTHOTICS	0	0		.00		.00	.000		.00		.00
PSYCHOLOGIST	0	0		.00		.00	.000		.00		.00
SPEECH AND AUDIOLOGY	0	0		.00		.00	.000		.00		.00
HOSPICE SERVICES	0	0		.00		.00	.000		.00		.00
NONINST BIRTHING CENTERS	0	0		.00		.00	.000		.00		.00
LOCAL EDUCATION AGENCIES	0	0		.00		.00	.000		.00		.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00		.00	.000		.00		.00
RESPIRATORY CARE PRACT.	0	0		.00		.00	.000		.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000		.00		.00
ALL OTHER PROVIDERS	19	599		1,039.46		1.74	4.189		54.71		7.27
@CALIF. CHILDREN SERVICES*	0		\$.00	\$.00	.000	\$.00	Ġ	.00
@XOVER EXCLUDING STATE HOSP**	~	<u>~</u>	\$ \$	7,822.01	\$ \$	6.45	8.476	۶ \$	142.22		54.70
@* TOTALS IN THESE LINES ARE					ų	0.45	0.4/0	ų	174.44	Ą	J4./U
THE AMOUNTS ARE ALREADY IN											
THE AMOUNTS ARE ALREADI IN				ADOVE.							

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 709
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

AMADOR COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL

524 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE

@TOTAL, ALL PROVIDERS	467	15,930 \$	253,885.47	\$ 15.94	30.401	\$ 543.65	\$ 484.51
@PHYSICIANS SERVICES	85	189 \$	3,207.57	\$ 16.97	.361	\$ 37.74	\$ 6.12
OUTPATIENT VISITS	2	2	83.50	41.75	.004	41.75	.16
OFFICE VISITS	2	2	83.50	41.75	.004	41.75	.16
HOME VISITS	0	0	.00	.00	.000	.00	.00
	0	0					
EMERGENCY ROOM	•		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	4	4	179.60	44.90	.008	44.90	.34
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	4	4	179.60	44.90	.008	44.90	.34
OPHTHALMOLOGICAL SERVICES	Ō	0	.00	.00	.000	.00	.00
	0	0	.00		.000	.00	
EXAMINATIONS	0	0		.00			.00
SERVICES AND MATERIALS	U		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	Ŏ	0	.00	.00	.000	.00	.00
	0	0					
DIALYSIS	U	U	.00	.00	.000	.00	.00
PATHOLOGY	Ţ	Ţ	3.50	3.50	.002	3.50	.01
RADIOLOGY	3	4	66.39	16.60	.008	22.13	.13
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	79	178	2,874.58	16.15	.340	36.39	5.49
@PHARMACY	381	11,046 \$	116,306.81	\$ 10.53	21.080	\$ 305.27	\$ 221.96
PRESCRIPTION DRUGS	361	1,548	108,639.79	70.18	2.954	300.94	207.33
SNF/ICF	10	41	2,087.05	50.90	.078	208.71	3.98
OUTPATIENTS	351	1,507	106,552.74	70.71	2.876	303.57	203.34
	69	The state of the s	-	.81	18.126	111.12	14.63
MEDICAL SUPPLIES		9,498	7,667.02				
@DENTIST	17	83 \$	4,526.00	\$ 54.53	.158		
VISITS - DIAGNOSTIC	10	41	483.00	11.78	.078	48.30	.92
ORAL SURGERY	4	17	1,126.00	66.24	.032	281.50	2.15
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	1	1	330.00	330.00	.002	330.00	.63
RESTORATIVE DENTISTRY	3	15	1,172.00	78.13	.029	390.67	2.24
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	6	9	1,415.00	157.22	.017	235.83	2.70
•	0		-				
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	U	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITURES MON'	TH-OF-PAYMENT RE	EPORT FOR JAN	2003 THRU 1	DEC 2003	PAGE 710
MOP024	FEE-FOR-SERVICE						01/29/04
AMADOR COUNTY		ICES FOR IN HOME SUPPOR	RT - TOTAL				
111111111111111111111111111111111111111	SOIMENT OF SEIT	71020 1011 111 110112 201101	1011111		M	ONTHLY AVERA	GE
524 ELIGIBLES	USERS	UNITS OF SERVICE	EADEMDILLIDEC	MITERACE COC			
NAT FITATORS	CALCO		PVERINDITONES				
CODMOMPEDICE	0.1	OR DAYS OF CARE	760 30	PER UNIT/DA			-
@OPTOMETRIST	21	40 \$	769.38		015	\$ 36.64	
DIAGNOSTIC AND ANC. PROCED	8	8	137.48	17.19 16.05	.015	17.19	.26
EYE APPLIANCES	10	30	481.50			48.15	.92
OTHER OPTOMETRIC SERVICES	5	2	150.40	75.20	.004	30.08	. 29

@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	11	11	\$ 96.23	\$ 8.75	.021	\$ 8.75	\$.18
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	11	11	96.23	8.75	.021	8.75	.18
@HOME HEALTH AGENCY	1	2	\$ 71.36	\$ 35.68	.004	\$ 71.36	\$.14
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	23	105	\$ 10,874.28	\$ 103.56	.200	\$ 472.79	\$ 20.75
HOSP INPATIENT TOTAL	13	36	10,202.78	283.41	.069	784.83	19.47
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	13	36		10,202.78		283.41	.069		784.83		19.47
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	10	69		671.50		9.73	.132		67.15		1.28
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	7	51		586.85		11.51	.097		83.84		1.12
RADIOLOGY	1	1		71.09		71.09	.002		71.09		.14
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	3	17		13.56		.80	.032		4.52		.03
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURE	S MON	TH-OF-PAYMENT R	EPORT	FOR JAN	2003 THRU	DEC 2	2003	PA	GE 711
MOP024	FEE-FOR-SERVICE/DE	NTAL									01/29/04
AMADOR COUNTY	SUMMARY OF SERVICE	S FOR IN HOME	SUPPO	RT - TOTAL							
							N	IHTNON	LY AVERA	GE -	
524 ELIGIBLES	USERS UN	ITS OF SERVICE		EXPENDITURES	AVER	AGE COST	r units/day	rs co	OST PER	C	COST PER

					MOIN	TILL AVEKAGE	
524 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	23	105 \$	10,874.28	\$ 103.56	.200 \$	472.79 \$	20.75
COMM HOSP INPATIENT TOTAL	13	36	10,202.78	283.41	.069	784.83	19.47
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	13	36	10,202.78	283.41	.069	784.83	19.47
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	10	69	671.50	9.73	.132	67.15	1.28
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	7	51	586.85	11.51	.097	83.84	1.12
RADIOLOGY	1	1	71.09	71.09	.002	71.09	.14
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	3	17	13.56	.80	.032	4.52	.03
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$.00 \$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00

@NURSING FACILITY	22	733	\$	72,853.67	\$	99.39	1.399	\$	3311.53	\$	139.03
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	9 0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	22	733		72,853.67		99.39	1.399		3311.53		139.03
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	3	3	\$	22.51	\$	7.50	.006	\$	7.50	\$.04
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	3	3		22.51		7.50	.006		7.50		.04
@ORGANIZED OUTPATIENT CLINIC	52	86	\$	7,231.49	\$	84.09	.164	\$	139.07	\$	13.80
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	52	86		7,231.49		84.09	.164		139.07		13.80
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		IRES I	MONTH-OF-PAYMENT I	REPORT	FOR JAN	2003 THRU	DEC	2003	Ρź	AGE 712
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
AMADOR COUNTY	SUMMARY OF SERVICES FO	R IN HOM	ie sui	PPORT - TOTAL							
							M	ONT:	HLY AVERA	GE ·	

524 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	MARDACE COCE		COST PER	COST PER
524 ELIGIBLES	USEKS		EXPENDITURES	AVERAGE COST			
	1.00	OR DAYS OF CARE	27 226 17	PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	179	3,632 \$	37,926.17	\$ 10.44	6.931 \$		
DURABLE MED. EQUIP.	6	6	369.30	61.55	.011	61.55	.70
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	1	25.00	25.00	.002	25.00	.05
MEDICAL TRANSPORTATION	7	177	613.74	3.47	.338	87.68	1.17
AMBULANCES/AIR TRANS	1	7	298.18	42.60	.013	298.18	.57
OTHER TRANS	3	71	157.70	2.22	.135	52.57	.30
OTHER SERVICES	3	99	157.86	1.59	.189	52.62	.30
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	106	671	29,341.40	43.73	1.281	276.81	56.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	13	29	356.69	12.30	.055	27.44	.68
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	3	32	508.30	15.88	.061	169.43	.97
PROSTHETICS	3	32	508.30	15.88	.061	169.43	.97
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	84	2,716	6,711.74	2.47	5.183	79.90	12.81
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$		\$.00

@XOVER EXCLUDING STATE HOSP** 180 1,547 \$ 23,012.50 \$ 14.88 2.952 \$ 127.85 \$ 43.92

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 713 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

----- MONTHLY AVERAGE -----

AMADOR COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

					MON	THLY AVERAGE	
1,545 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	1,262	20,350 \$	652,784.82	\$ 32.08	13.172 \$	517.26 \$	422.51
@PHYSICIANS SERVICES	271	941 \$	9,690.93	\$ 10.30	.609 \$	35.76 \$	
			•	•			
OUTPATIENT VISITS	6	9	286.90	31.88	.006	47.82	.19
OFFICE VISITS	6	9	286.90	31.88	.006	47.82	.19
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
	0	0					
HOSPITAL VISITS	0	U	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	46.44	46.44	.001	46.44	.03
EXAMINATIONS	1	1	46.44	46.44	.001	46.44	.03
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
	0	0	.00			.00	.00
ANESTHESIOLOGIST	0	0		.00	.000		
OUTPATIENT SURGERY	0	Ü	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	5	14.64	2.93	.003	14.64	.01
RADIOLOGY	4	8	209.05	26.13	.005	52.26	.14
PSYCHIATRY	Ô	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
	264	918			.594		5.91
OTHER SERVICES/ALL X-OVERS			9,133.90	9.95		34.60	
@PHARMACY	1,072	7,094 \$	303,293.54	\$ 42.75	4.592 \$	282.92 \$	
PRESCRIPTION DRUGS	1,061	4,242	295,721.92	69.71	2.746	278.72	191.41
SNF/ICF	45	270	29,631.82	109.75	.175	658.48	19.18
OUTPATIENTS	1,019	3,972	266,090.10	66.99	2.571	261.13	172.23
MEDICAL SUPPLIES	112	2,852	7,571.62	2.65	1.846	67.60	4.90
@DENTIST	45	165 \$	5,061.00	\$ 30.67	.107 \$	112.47 \$	
VISITS - DIAGNOSTIC	27	110	1,291.00	11.74	.071	47.81	.84
ORAL SURGERY	6	9	693.00	77.00	.006	115.50	.45
DRUGS	0	0	.00	.00	.000	.00	.00
	0	0					
ANESTHESIA	-		.00	.00	.000	.00	.00
PERIODONTICS	1	1	.00	.00	.001	.00	.00
ENDODONTICS	2	2	590.00	295.00	.001	295.00	.38
RESTORATIVE DENTISTRY	14	28	1,587.00	56.68	.018	113.36	1.03
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	10	11	900.00	81.82	.007	90.00	.58
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	n	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
	ں ع	4			.003	.00	
ALL OTHER SERVICES	3	4	.00	.00	.003	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 MOP024 FEE-FOR-SERVICE/DENTAL

PAGE 714

----- MONTHLY AVERAGE -----

01/29/04

AMADOR COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

					MON1		
1,545 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	52	93 \$	2,390.35	\$ 25.70	.060 \$	45.97	\$ 1.55
DIAGNOSTIC AND ANC. PROCED	19	20	389.88	19.49	.013	20.52	.25
EYE APPLIANCES	26	69	1,728.63	25.05	.045	66.49	1.12
	8						
OTHER OPTOMETRIC SERVICES	8	4	271.84	67.96	.003	33.98	.18
@CHIROPRACTOR	0	0 \$.00	\$.00	.000 \$.00	•
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	50	63 \$	625.10	\$ 9.92	.041 \$	12.50	\$.40
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	Ő	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	-						
OTHER	50	63	625.10	9.92	.041	12.50	.40
@HOME HEALTH AGENCY	0	0 \$.00	\$.00	.000 \$		\$.00
NURSE ANESTHESIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
NURSE MIDWIFE	0	0 \$.00	\$.00	.000 \$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 Ś	.00	\$.00	.000 \$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	
@TOTAL HOSPITAL	E 0	235 \$		\$ 265.62		1076.23	
WIOTAL HOSPITAL	20		. ,		•		
HOSP INPATIENT TOTAL	2 /	136	58,836.81	432.62	.088	2179.14	38.08
HSC HOSPITALS	0 0 58 27 4 0 0	55	38,869.03	706.71	.036	9717.26	25.16
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
	0	0		.00	.000	.00	
ANCILLARIES			.00			.00	.00
INPATIENT CROSSOVERS	23	81	19,967.78	246.52	.052	868.16	12.92
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	32	99	3,584.81	36.21	.064	112.03	2.32
MEDICAL	2	2	102.23	51.12	.001	51.12	.07
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	12	203.04	16.92	.008	101.52	.13
RADIOLOGY	4	7	571.09	81.58	.005	142.77	.37
ROOM USE	E .	7	224.58	32.08	.005	44.92	.15
	2						
CROSSOVERS/ALL OTH OUTPTNT	∠6	71	2,483.87	34.98	.046	95.53	1.61
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	•
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	Û	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
	0	0		.00	.000	.00	.00
ALL OTHER ACCOM	U	U	.00				
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	Ů.	0	.00	.00	.000	.00	.00
	0	0	.00			.00	.00
PATHOLOGY	U	Ü		.00	.000		
RADIOLOGY	Ü	U	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV MI	EDI-CAL SERVIC	ES AND EXPENDITURES MOI	NTH-OF-PAYMENT RE	EPORT FOR JAN	2003 THRU DEC	2003	PAGE 715

					MON	THLY AVERA	GE	
1,545 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	58	235	\$ 62,421.62	\$ 265.62	.152	1076.23	\$	40.40
COMM HOSP INPATIENT TOTAL	27	136	58,836.81	432.62	.088	2179.14		38.08
HSC HOSPITALS	4	55	38,869.03	706.71	.036	9717.26		25.16
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00		.00
ANCILLARIES	0	0	.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	23	81	19,967.78	246.52	.052	868.16		12.92
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00

COMM HOSP OUTPATIENT TOTAL	32	99		3,584.81		36.21	.064		112.03		2.32
MEDICAL	2	2		102.23		51.12	.001		51.12		.07
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	2	12		203.04		16.92	.008		101.52		.13
RADIOLOGY	4	7		571.09		81.58	.005		142.77		.37
ROOM USE	5	7		224.58		32.08	.005		44.92		.15
CROSSOVERS/ALL OTH OUTPTNT	26	71		2,483.87		34.98	.046		95.53		1.61
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	•	.00	.000	-	.00	•	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	54	1,386	\$	168,113.41	\$	121.29	.897	\$	3113.21	\$	108.81
LEV A-INTERMEDIATE	0	0		.00	•	.00	.000	-	.00	•	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	54	1,386		168,113.41		121.29	.897		3113.21		108.81
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	10	12	\$	6,065.63	\$	505.47	.008	\$	606.56	\$	3.93
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	10	12		6,065.63		505.47	.008		606.56		3.93
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	7	14	\$	87.16	\$	6.23	.009	\$	12.45	\$.06
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	7	14		87.16		6.23	.009		12.45		.06
@ORGANIZED OUTPATIENT CLINIC	151	257	\$	17,645.79	\$	68.66	.166	\$	116.86	\$	11.42
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	1	1		203.18		203.18	.001		203.18		.13
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	150	256		17,442.61		68.14	.166		116.28		11.29
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	O EXPENDITU	JRES MC	NTH-OF-PAYMENT RI	EPOR:	r for jan 20	03 THRU	DEC	2003	PI	AGE 716
MOP024	FEE-FOR-SERVICE/DENTA	ΑL									01/29/04
AMADOR COUNTY	SUMMARY OF SERVICES I	FOR PUBLIC	C ASSIS	STANCE - AGED							
										~-	

USERS EXPENDITURES 1,545 ELIGIBLES UNITS OF SERVICE AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 7.67 209.73 \$ 50.09 @ALL OTHER PROVIDERS 369 10,090 77,390.29 6.531 \$ 205.85 320.21 DURABLE MED. EQUIP. 14 2,881.85 .009 1.87 BLOOD BANK 0 0 .00 .00 .000 .00 .00 449.42 449.42 449.42 HEARING AID DISPENSERS 1 1 .001 . 29 31 4,520 8,216.90 1.82 2.926 265.06 5.32 MEDICAL TRANSPORTATION 7 298.18 42.60 .005 298.18 .19 AMBULANCES/AIR TRANS OTHER TRANS 13 4,216 7,162.28 1.70 2.729 550.94 4.64 17 297 756.44 OTHER SERVICES 2.55 .192 44.50 .49 9 36 616.35 17.12 .023 68.48 .40 ACUPUNCTURE ADULT DAY HEALTH CARE CTR 0 .00 .00 .000 .00 .00 GENETIC DISEASE TESTING 0 0 .00 .00 .000 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP 171 999 51,031.74 51.08 .647 298.43 33.03 OCCUPATIONAL THERAPIST 0 0 .00 .00 .000 .00 .00 69 760.53 27.16 OPTICIAN 11.02 .045 .49 .00 .00 .000 .00 .00 PHYSICAL THERAPIST PORTABLE X-RAY 1 2 1.30 .65 .001 1.30 .00 PROSTHETIST/ORTHOTISTS 15 465.26 31.02 116.32 .30 .010 .010 PROSTHETICS 15 465.26 31.02 116.32 .30 ORTHOTICS 0 .00 .00 .000 .00 .00

----- MONTHLY AVERAGE -----

PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	4	4	668.92	167.23	.003	167.23	.43
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	176	4,430	12,298.02	2.78	2.867	69.88	7.96
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	483	2,211	\$ 70,521.82	\$ 31.90	1.431	\$ 146.01	\$ 45.65

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 FEE-FOR-SERVICE/DENTAL

PAGE 717

01/29/04

AMADOR COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

						MOI	THLY AVERA	GE
76 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	71	18,411	\$	49,077.87	\$ 2.67	242.250	691.24	\$ 645.76
@PHYSICIANS SERVICES	20	40	\$	1,271.78	\$ 31.79	.526	63.59	\$ 16.73
OUTPATIENT VISITS	7	10		303.61	30.36	.132	43.37	3.99
OFFICE VISITS	7	10		303.61	30.36	.132	43.37	3.99
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	2	9		598.58	66.51	.118	299.29	7.88
HOSPITAL VISITS	2	9		598.58	66.51	.118	299.29	7.88
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1		46.44	46.44	.013	46.44	.61
EXAMINATIONS	1	1		46.44	46.44	.013	46.44	.61
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	1		62.42	62.42	.013	62.42	.82
PRINCIPAL SURGEON	1	1		62.42	62.42	.013	62.42	.82
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	1	1		62.42	62.42	.013	62.42	.82
PRINCIPAL SURGEON	1	1		62.42	62.42	.013	62.42	.82
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	1	1		59.05	59.05	.013	59.05	.78
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	12	17		139.26	8.19	.224	11.61	1.83
@PHARMACY	70	4,854	\$	16,526.77	\$ 3.40	63.868		
PRESCRIPTION DRUGS	65	231	т	13,804.69	59.76	3.039	212.38	181.64
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	65	231		13,804.69	59.76	3.039	212.38	181.64
MEDICAL SUPPLIES	12	4,623		2,722.08	.59	60.829	226.84	35.82
@DENTIST	0	•	\$.00	\$.00	.000		
VISITS - DIAGNOSTIC	0	0	т	.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
	J	· ·		.00	. 30		.00	

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITURES MO	NTH-OF-PAYMENT REPORT	FOR JAN 2	2003 THRU DEC	2003	PAGE 718
MOP024	FEE-FOR-SERVICE/DEN	ΓAL					01/29/04
AMADOR COUNTY	SUMMARY OF SERVICES	FOR PUBLIC ASSIS	TANCE - BLIND				

AMADOR COUNTY	SUMMARY OF SERVI	CES FOR PUBLIC AS	SSISTANCE - BLIND						
						MOI			
76 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITUR	ES AV	VERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE		PI	ER UNIT/DAY		USER		ELIGIBLE
@OPTOMETRIST	2	4 \$	238.	15 \$	59.54	.053	119.08	\$	3.13
DIAGNOSTIC AND ANC. PROCED	1	1	75.	11	75.11	.013	75.11		.99
EYE APPLIANCES	2	3	163.	04	54.35	.039	81.52		2.15
OTHER OPTOMETRIC SERVICES	0	0		00	.00	.000	.00		.00
@CHIROPRACTOR	0	1 3 0 0 0 \$		00 \$.00	.000	.00	\$.00
VISITS	0	0		00	.00	.000	.00	•	.00
OTHER SERVICES	0	0		00	.00	.000	.00		.00
@PODIATRIST	0	0 \$		00 \$.000			.00
MEDICINE/INJECTIONS	0	0		00	.00	.000	.00		.00
SURGERY/ANES.	0	0		00	.00	.000	.00		.00
RADIO./PATHOLOGY	0	0		00	.00	.000	.00		.00
OTHER	0	0		00	.00	.000	.00		.00
@HOME HEALTH AGENCY	0			00 \$.00	.000		Ś	.00
NURSE ANESTHESIST	0	0 \$ 0 \$ 0 \$	•	00 \$.00	.000			.00
NURSE MIDWIFE	0	0 \$ 0 \$	•	00 \$.000			.00
		0 4		00 \$.00	.000			.00
FAMILY NURSE PRACTITIONER	0	0 \$		00 \$.000	.00		.00
@TOTAL HOSPITAL	15	57 \$			125.48		476.81		94.11
HOSP INPATIENT TOTAL	2	4	5,576.	00 Ş	1394 00	.053	2788.00	Ÿ	73.37
UCC UCCDITALC	1	1	4,736.	00	1394.00 1184.00	.053	4736.00		62.32
MON_UCC UOCDITAI TOTAI	0	0		00	.00	.000	.00		.00
PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT HOSP OUTPATIENT TOTAL MEDICAL	0	0		00	.00	.000	.00		.00
ACCOMMODATIONS	0	0	•	00	.00	.000	.00		.00
ADMINISTRATIVE DATE	0	0	•	00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0	•	0 0 0 0	.00	.000	.00		.00
ALL OIDER ACCOM	0	0	•	00	.00	.000	.00		.00
ANCILLARIES	1	0	840.		.00	.000	840.00		11.05
INPALLENT CROSSOVERS	0	0		00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	14						.00 112.58		20.74
MEDICAL	14 11	16	1,576. 696.		29.74 43.54	.697 .211	63.33		20.74 9.17
	0	0	090.		.00	.000	.00		.00
SURGERY	9	25				.329			
PATHOLOGY	1	25 1	364.		14.57		40.48		4.79
RADIOLOGY	1	Τ	189.		189.90	.013	189.90		2.50
ROOM USE	4	5	193.		38.73	.066	48.41		2.55
CROSSOVERS/ALL OTH OUTPTNT	3	0 \$	131.		21.94	.079	43.87	4	1.73
@COUNTY HOSPITAL TOTAL	U	0 \$		00 \$.000			.00
CO HOSPITAL INPATIENT TOTAL	0	0	•	00	.00	.000	.00		.00
HSC HOSPITALS	0	53 16 0 25 1 5 6 0 \$ 0	•	0 0 0 0	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	Ü	U	•	UU	.00	.000	.00		.00
ACCOMMODATIONS	0	Ü	•	00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	Ü	Ü		00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	Ü		00		.000	.00		.00
ALL OTHER ACCOM	0	0		00	.00	.000	.00		.00
ANCILLARIES	0	0	•	00	.00	.000	.00		.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITURES	MONTH-OF-PAYMENT REPORT	r for jan	2003 THRU DEC	2003	PAGE 719
MOP024	FEE-FOR-SERVICE/DENT	AL					01/29/04
AMADOR COUNTY	SUMMARY OF SERVICES	FOR PUBLIC ASS	SISTANCE - BLIND				

MOPUZ4	FEE-FOR-SERVIC		DIIDI TO	700	TORANGE DI IND							01/29/04
AMADOR COUNTY	SUMMARY OF SER	VICES FOR	PORTIC	ASS	ISTANCE - BLIND			M	∩\\	HLY AVERA	CF	
76 ELIGIBLES	USERS	UNITS OF	SERVIC	F.	EXPENDITURES	AVER	AGE COST	UNITS/DAY		COST PER		COST PER
70 22101222	OBERD		OF CAR					PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	15	011 21112	57	_ \$	7,152.08		125.48	.750		476.81		94.11
COMM HOSP INPATIENT TOTAL	2		4	Υ	5,576.00		394.00	.053	т	2788.00	Τ.	73.37
HSC HOSPITALS	_ 1		4		4,736.00		184.00	.053		4736.00		62.32
NON-HSC HOSPITALS TOTAL	0		Ō		.00	_	.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	1		0		840.00		.00	.000		840.00		11.05
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	14		53		1,576.08		29.74	.697		112.58		20.74
MEDICAL	11		16		696.63		43.54	.211		63.33		9.17
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	9		25		364.30		14.57	.329		40.48		4.79
RADIOLOGY	1		1		189.90		189.90	.013		189.90		2.50
ROOM USE	4		5		193.63		38.73	.066		48.41		2.55
CROSSOVERS/ALL OTH OUTPTNT	3		6		131.62		21.94	.079		43.87		1.73
STATE HOSPITAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0		0	•	.00	•	.00	.000		.00		.00
DEVELOP. DISABLED	0		0		.00		.00	.000		.00		.00
NURSING FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0		0	•	.00	•	.00	.000	·	.00		.00
LEV B-REHAB MD	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0		0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
LEV B-REGULAR	0		0		.00		.00	.000		.00		.00
INTERMEDIATE CARE FACILDD	0		0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0		0	•	.00	•	.00	.000	·	.00		.00
ICF DD	0		0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0		0		.00		.00	.000		.00		.00
HEMODIALYSIS TOTAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0		0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0		0		.00		.00	.000		.00		.00
REHABILITATION FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0		0	•	.00	•	.00	.000	•	.00		.00
INDEPENDENT FACILITY	0		0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
XO AND OTHERS	0		0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	14		25	\$	1,362.13	\$	54.49	.329	\$	97.30	\$	17.92
CLINIC	0		0	•	.00	•	.00	.000	•	.00		.00
SURGICENTER	0		0		.00		.00	.000		.00		.00
	0											

RURAL HEALTH CLINIC	14	25	1,362.13	54.49	.329	97.30	17.9	}2
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 2003	THRU DEC	2003	PAGE	720
MOP024	FEE-FOR-SERVICE/DENTAL						01/29	}/04
AMADOR COUNTY	SUMMARY OF SERVICES FO	OR PUBLIC ASS	SISTANCE - BLIND					
					MONTH	TT 37 3 3 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	an.	

					MON	THLY AVERA	GE
76 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	33	13,431	\$ 22,526.96	\$ 1.68	176.724 \$	682.64	\$ 296.41
DURABLE MED. EQUIP.	6	33	4,895.22	148.34	.434	815.87	64.41
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	3	69	518.28	7.51	.908	172.76	6.82
AMBULANCES/AIR TRANS	3	69	518.28	7.51	.908	172.76	6.82
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	9	22	999.46	45.43	.289	111.05	13.15
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	21.99	11.00	.026	21.99	.29
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	1	35.84	35.84	.013	35.84	.47
PROSTHETICS	1	1	35.84	35.84	.013	35.84	.47
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	3	7,369	9,597.02	1.30	96.961	3199.01	126.28
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	23	5,935	6,459.15	1.09	78.092	280.83	84.99
@CALIF. CHILDREN SERVICES*	6	121	\$ 10,642.52	\$ 87.95	1.592	\$ 1773.75	\$ 140.03
@XOVER EXCLUDING STATE HOSP**	14	38	\$ 1,509.23	\$ 39.72	.500	\$ 107.80	\$ 19.86

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAI MOP024 FEE-FOR-

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 FEE-FOR-SERVICE/DENTAL

PAGE 721

01/29/04

AMADOR COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

	MONTHLY AVERAGE						
5,889 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	4,768	184,524 \$	3,596,862.67	\$ 19.49	31.334	754.38	\$ 610.78
@PHYSICIANS SERVICES	1,479	5,803 \$	177,194.63	\$ 30.54	.985	119.81	\$ 30.09
OUTPATIENT VISITS	649	942	31,367.94	33.30	.160	48.33	5.33
OFFICE VISITS	572	809	25,394.31	31.39	.137	44.40	4.31
HOME VISITS	5	6	223.10	37.18	.001	44.62	.04
EMERGENCY ROOM	43	60	3,947.35	65.79	.010	91.80	.67
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	1	1	112.00	112.00	.000	112.00	.02
OTHER OUTPATIENT	59	66	1,691.18	25.62	.011	28.66	. 29
INPATIENT VISITS	98	354	16,299.34	46.04	.060	166.32	2.77
HOSPITAL VISITS	65	296	13,349.88	45.10	.050	205.38	2.27
CRITICAL CARE	7	11	1,561.71	141.97	.002	223.10	. 27
SNF/ICF/TRANS IP CARE	33	47	1,387.75	29.53	.008	42.05	.24
OPHTHALMOLOGICAL SERVICES	11	15	595.81	39.72	.003	54.16	.10
EXAMINATIONS	11	15	595.81	39.72	.003	54.16	.10
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	51	1,145	41,186.50	35.97	.194	807.58	6.99
PRINCIPAL SURGEON	34	51	32,897.78	645.05	.009	967.58	5.59
ASSISTANT SURGEON	2	2	1,798.57	899.29	.000	899.29	.31
ANESTHESIOLOGIST	23	1,092	6,490.15	5.94	.185	282.18	1.10
OUTPATIENT SURGERY	93	202	17,115.94	84.73	.034	184.04	2.91
PRINCIPAL SURGEON	80	97	14,802.30	152.60	.016	185.03	2.51
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	15	105	2,313.64	22.03	.018	154.24	.39
DIALYSIS	13	70	3,470.44	49.58	.012	266.96	.59
PATHOLOGY	115	389	5,535.23	14.23	.066	48.13	.94
RADIOLOGY	373	691	31,245.71	45.22	.117	83.77	5.31
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	26	35	488.44	13.96	.006	18.79	.08
OTHER SERVICES/ALL X-OVERS	658	1,960	29,889.28	15.25	.333	45.42	5.08

@PHARMACY	4,091	58,115	\$	1,717,565.48	\$ 29.55	9.868 \$	419.84	\$	291.66
PRESCRIPTION DRUGS	4,047	18,637		1,662,743.99	89.22	3.165	410.86		282.35
SNF/ICF	64	501		31,242.85	62.36	.085	488.17		5.31
OUTPATIENTS	3,985	18,136		1,631,501.14	89.96	3.080	409.41		277.04
MEDICAL SUPPLIES	349	39,478		54,821.49	1.39	6.704	157.08		9.31
@DENTIST	239	1,104	\$	56,419.90	\$ 51.10	.187 \$	236.07	\$	9.58
VISITS - DIAGNOSTIC	154	637		8,236.90	12.93	.108	53.49		1.40
ORAL SURGERY	54	113		7,153.00	63.30	.019	132.46		1.21
DRUGS	1	1		15.00	15.00	.000	15.00		.00
ANESTHESIA	1	1		100.00	100.00	.000	100.00		.02
PERIODONTICS	15	19		2,417.00	127.21	.003	161.13		.41
ENDODONTICS	19	29		7,054.00	243.24	.005	371.26		1.20
RESTORATIVE DENTISTRY	66	233		18,175.00	78.00	.040	275.38		3.09
PROSTHETICS	3	3		60.00	20.00	.001	20.00		.01
DENTURES, STAYPLATES	37	67		13,209.00	197.15	.011	357.00		2.24
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00		.00
ALL OTHER SERVICES	1	1		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ID EXPENDITU	RES I	MONTH-OF-PAYMENT REPO	ORT FOR JAN	2003 THRU DEC	2003	PA	GE 722
MOP024	FEE-FOR-SERVICE/DENT	CAL							01/29/04
AMADOR COUNTY	SUMMARY OF SERVICES	FOR PUBLIC	ASS:	ISTANCE - DISABLED					
						MONT	HLY AVERA	GE -	

USERS EXPENDITURES AVERAGE COST UNITS/DAYS COST PER 5,889 ELIGIBLES UNITS OF SERVICE COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 158 @OPTOMETRIST 374 8,392.60 22.44 .064 \$ 53.12 \$ 1.43 DIAGNOSTIC AND ANC. PROCED 3,251.82 39.66 .014 39.18 .55 82 EYE APPLIANCES 263 4,429.14 16.84 .045 45.66 .75 OTHER OPTOMETRIC SERVICES 26 29 711.64 24.54 .005 27.37 .12 40 @CHIROPRACTOR 28 630.44 15.76 .007 \$ 22.52 \$.11 29 11 VISITS 21 480.70 16.58 .005 22.89 .08 OTHER SERVICES 149.74 13.61 .002 21.39 .03 @PODTATRIST 72 1,786.18 24.81 .012 \$ 31.90 \$.30 31 MEDICINE/INJECTIONS 30 1,015.40 32.75 .005 33.85 .17 5 SURGERY/ANES. 115.05 23.01 .001 28.76 .02 RADIO./PATHOLOGY 2 34.60 34.60 .01 17.30 .000 OTHER 34 621.13 18.27 .006 25.88 .11 @HOME HEALTH AGENCY 27 624 21,676.56 34.74 .106 \$ 802.84 3.68 \$ \$ 71 170.36 .012 42.59 .03 NURSE ANESTHESIST 2.40 NURSE MIDWIFE 15 1,483.17 98.88 .003 \$ 494.39 Ś .25 0 .00 PEDIATRIC NURSE PRACTITIONER .00 .000 \$.00 \$.00 FAMILY NURSE PRACTITIONER Ω 0 .00 .00 .000 \$.00 \$.00 @TOTAL HOSPITAL 1,001 7,770 863,069.45 111.08 1.319 862.21 146.56 1226.42 HOSP INPATIENT TOTAL 122 534 654,909.79 .091 5368.11 111.21 30 129 147,740.00 1145.27 .022 4924.67 25.09 HSC HOSPITALS 234 472,024.61 2017.20 .040 8741.20 80.15 NON-HSC HOSPITAL TOTAL ACCOMMODATIONS 234 142,832.04 610.39 .040 2645.04 24.25 .00 0 0 .00 .00 .00 ADMINISTRATIVE DAYS .000 0 .000 TRANSITIONAL IP CARE 0 .00 .00 .00 .00 ALL OTHER ACCOM 234 142,832.04 610.39 .040 2645.04 24.25 ANCILLARIES 0 329,192.57 .00 .000 6096.16 INPATIENT CROSSOVERS 171 35,145.18 205.53 .029 817.33 5.97 0 ALL OTHER INPATIENT 0 .00 .00 .000 .00 .00 208,159.66 HOSP OUTPATIENT TOTAL 926 7,236 28.77 1.229 224.79 35.35 293 541 25,992.65 48.05 .092 88.71 MEDICAL 4.41 SURGERY 54 58 2,075.99 35.79 .010 38.44 .35 462 2,620 27,398.61 59.30 PATHOLOGY 10.46 .445 4.65 .080 286 470 38,476.24 81.86 RADIOLOGY 134.53 6.53 29,511.64 ROOM USE 452 704 41.92 .120 65.29 5.01

CROSSOVERS/ALL OTH OUTPTNT	271	2,843		84,704.53	29.79	.483	312.56		14.38
@COUNTY HOSPITAL TOTAL	18	109	\$	10,810.88 \$	99.18	.019	\$ 600.60	\$	1.84
CO HOSPITAL INPATIENT TOTAL	1	8		7,320.00	915.00	.001	7320.00		1.24
HSC HOSPITALS	1	8		7,320.00	915.00	.001	7320.00		1.24
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	17	101		3,490.88	34.56	.017	205.35		.59
MEDICAL	6	8		185.77	23.22	.001	30.96		.03
SURGERY	2	2		87.01	43.51	.000	43.51		.01
PATHOLOGY	11	51		568.23	11.14	.009	51.66		.10
RADIOLOGY	5	8		1,741.52	217.69	.001	348.30		.30
ROOM USE	10	13		681.68	52.44	.002	68.17		.12
CROSSOVERS/ALL OTH OUTPTNT	8	19		226.67	11.93	.003	28.33		.04
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURE	ES MONTH-OF	-PAYMENT REPO	RT FOR JAN	2003 THRU	DEC 2003	PAG	GE 723
MOP024	FEE-FOR-SERVICE/DENTA								01/29/04
AMADOR COUNTY	SUMMARY OF SERVICES F	OR PUBLIC A	ASSISTANCE	- DISABLED					

----- MONTHLY AVERAGE -----

AMADOR COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

COMMUNITY HOSPITAL TOTAL	5,889 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES			UNITS/DAY		COST PER
COMM HOSP INPATIENT TOTAL 121									
HSC HOSPITALS				\$	•			\$	\$
NON-HSC HOSPITALS TOTAL ACCOMMODATIONS 54 234 422, 234 472,024.61 2017.20 0.00 0.00 0.00 0.00 0.00 0.00 0.00									
ACCOMMODATIONS 54 234 142,832.04 610.39 .040 2645.04 24.25 ADMINISTRATIVE DAYS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00				140,420.00	1				
ADMINISTRATIVE DAYS O TRANSITIONAL IP CARE O O O O O O O O O O O O O O O O O O O				472,024.61	2				
TRANSITIONAL TP CARE 0 0 0 0 00 00 00 00 00 00 00 00 00 00									
ALL OTHER ACCOM 54 234 142,832.04 610.39 0.40 2645.04 24.25 ANCILLARIES 54 0 329,192.57 .00 .000 6096.16 55.90 INPATIENT CROSSOVERS 43 171 35.145.18 205.53 .029 817.33 5.97 ALL OTHER INPATIENT 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		0							
ANCILLARIES 54 0 329.192.570000 6096.16 55.90 INPATIENT CROSSOVERS 43 171 35.145.18 205.53029 817.33 5.97 ALL OTHER INPATIENT 0 0 000		0							
INPATIENT CROSSOVERS		54							
ALL OTHER INPATIENT 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0									
COMM HOSP OUTPATIENT TOTAL									
MEDICAL 290 533 25,806.88 48.42 .091 88.99 4.38 SURGERY 52 56 1,988.98 35.52 .010 38.25 .34 PATHOLOGY 453 2,569 26,830.38 10.44 436 59.23 4.56 RADIOLOGY 282 462 36,734.72 79.51 .078 130.26 6.24 ROOM USE 447 691 28.829.96 41.72 .117 64.50 4.90 CROSSOVERS/ALL OTH OUTPINT 267 2,824 84,477.86 29.91 480 316.40 14.35 STATE HOSPITAL 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		•							
SURGERY 52 56 1,988.98 35.52 .010 38.25 .34 PATHOLOGY 453 2,569 26,830.38 10.44 .436 59.23 4.56 RADIOLOGY 282 462 36,734.72 79.51 .078 130.26 6.24 ROOM USE 447 691 28,829.96 41.72 .117 64.50 4.90 CROSSOVERS/ALL OTH OUTPINT 267 2,824 84,477.86 29.91 .480 316.40 14.35 SCHATE HOSPITAL 0 0 0 \$.00 \$.00 .00 \$.00 \$.00 MENTALLY ILL 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0									
PATHOLOGY 453 2,569 26,830.38 10.44 .436 59.23 4.56 RADIOLOGY 282 462 36,734.72 79.51 .078 130.26 6.24 ROOM USE 447 691 28,829.96 41.72 .117 64.50 4.90 CROSSOVERS/ALL OTH OUTPTNT 267 2,824 84,477.86 29.91 .480 316.40 14.35 @STATE HOSPITAL 0 0 0 0 \$.00 \$.00 .00 .00 \$.									
RADIOLOGY 282 462 36,734.72 79.51 .078 130.26 6.24 ROOM USE 447 691 28,829.96 41.72 .117 64.50 4.90 CROSSOVERS/ALL OTH OUTPTNT 267 2,824 84,477.86 29.91 .480 316.40 14.35 @STATE HOSPITAL 0 0 0 \$.00 \$.00 .00 \$									
ROOM USE									
CROSSOVERS/ALL OTH OUTPTNT 267 2,824 84,477.86 29.91 .480 316.40 14.35									
## STATE HOSPITAL 0 0 0 \$.00				•					
MENTALLY ILL 0 0 .0	CROSSOVERS/ALL OTH OUTPINT		2,824	84,477.86		29.91			14.35
DEVELOP. DISABLED 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			0	\$	\$			\$	\$
@NURSING FACILITY 65 1,945 \$ 244,539.49 \$ 125.73 .330 \$ 3762.15 \$ 41.52 LEV A-INTERMEDIATE 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 .0		-	0	.00					
LEV A-INTERMEDIATE 0 0 .00		•							
LEV B-REHAB MD 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 .0			1,945	\$ 244,539.49	\$			\$	\$
LEV B-SUBACUTE FREESTANDING 0 0 .00		0	0						
LEV B-SUBACUTE HSPTL BASED 0 0 .00 .	LEV B-REHAB MD	0	0	.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE 0 0 .00 .00 .00 .00 .00 LEV B-REGULAR 65 1,945 244,539.49 125.73 .330 3762.15 41.52 @INTERMEDIATE CARE FACILDD 0 0 \$.00 \$.00 .000 \$.00 ICF DDH 0 0 0 .00 .00 .00 .00 .00 .00 ICF DD 0 0 0 .00 .00 .00 .00 .00 .00 ICF DDN/DDCN 0 0 .00 .00 .00 .00 .00 .00 .00 @HEMODIALYSIS TOTAL 23 312 \$ 40,030.61 \$ 128.30 .053 \$ 1740.46 \$ 6.80 HOSPITAL BASED 12 138 26,794.36 194.16 .023 2232.86 4.55		0	0						
LEV B-REGULAR 65 1,945 244,539.49 125.73 .330 3762.15 41.52 @INTERMEDIATE CARE FACILDD 0 0 \$.00 \$.00 .00 .00 \$.00 \$.00 \$.00 \$.00 .0		0	0						
@INTERMEDIATE CARE FACILDD 0 0 \$.00 \$.00 .00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00		0					.000		
ICF DDH 0 0 .00 .		65	1,945	•					
ICF DD 0 0 .00 .00 .00 .00 .00 ICF DDN/DDCN 0 0 .00 .00 .00 .00 .00 @HEMODIALYSIS TOTAL 23 312 \$ 40,030.61 \$ 128.30 .053 \$ 1740.46 \$ 6.80 HOSPITAL BASED 12 138 26,794.36 194.16 .023 2232.86 4.55		0	0	\$	\$			\$	\$
ICF DDN/DDCN 0 0 .00 .00 .00 .00 .00 @HEMODIALYSIS TOTAL 23 312 \$ 40,030.61 \$ 128.30 .053 \$ 1740.46 \$ 6.80 HOSPITAL BASED 12 138 26,794.36 194.16 .023 2232.86 4.55	ICF DDH	0	0						.00
@HEMODIALYSIS TOTAL 23 312 \$ 40,030.61 \$ 128.30 .053 \$ 1740.46 \$ 6.80 HOSPITAL BASED 12 138 26,794.36 194.16 .023 2232.86 4.55	ICF DD	0	0	.00		.00		.00	.00
HOSPITAL BASED 12 138 26,794.36 194.16 .023 2232.86 4.55	ICF DDN/DDCN	0							.00
				\$				\$	\$
HEMODIALYSIS CENTER 11 174 13,236.25 76.07 .030 1203.30 2.25									
	HEMODIALYSIS CENTER	11	174	13,236.25		76.07	.030	1203.30	2.25

@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00		.00
@LABORATORY FACILITY	171	934	\$	12,294.35	\$	13.16	.159	\$ 71.90	\$	2.09
PATHOLOGY	157	909		12,220.40		13.44	.154	77.84		2.08
XO AND OTHERS	14	25		73.95		2.96	.004	5.28		.01
@ORGANIZED OUTPATIENT CLINIC	972	1,520	\$	200,137.60	\$	131.67	.258	\$ 205.90	\$	33.98
CLINIC	15	34		962.40		28.31	.006	64.16		.16
SURGICENTER	5	19		723.26		38.07	.003	144.65		.12
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	954	1,467		198,451.94		135.28	.249	208.02		33.70
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITU	RES N	MONTH-OF-PAYMENT RI	EPOR'	r for Jan	2003 THRU D	DEC 2003	PI	AGE 724
MOP024	FEE-FOR-SERVICE/	DENTAL								01/29/04
AMADOR COUNTY	SUMMARY OF SERVI	CES FOR PUBLIC	ASS]	ISTANCE - DISABLED						
							MC	NTHLY AVERA	GE -	
5,889 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AV.	ERAGE COST	UNITS/DAYS	COST PER	(COST PER

5,889 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITUR	ES	AVERAGE COST				COST PER
CALL OFFIER PROVIERED	0.00	OR DAYS OF CAR		051 451	0.5	PER UNIT/DAY				ELIGIBLE
@ALL OTHER PROVIDERS	823	105,825	\$	251,471.			17.970	•	Ş	42.70
DURABLE MED. EQUIP.	95	361		52,640.		145.82	.061	554.11		8.94
BLOOD BANK	0	0			00	.00	.000	.00		.00
HEARING AID DISPENSERS	1	_ 1		25.		25.00	.000	25.00		.00
MEDICAL TRANSPORTATION	144	7,693		32,790.		4.26	1.306	227.71		
AMBULANCES/AIR TRANS	108	1,561		18,201.			.265	168.53		
OTHER TRANS	19	5,563		13,380.		2.41	.945	704.24		2.27
OTHER SERVICES	23	569		1,208.	68	2.12	.097	52.55		.21
ACUPUNCTURE	0	0			00	.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0	0			00	.00	.000	.00		.00
GENETIC DISEASE TESTING	0	0			00	.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	61	2,275		70,402.	45	30.95	.386	1154.14		11.95
OCCUPATIONAL THERAPIST	0	0			00	.00	.000	.00		.00
OPTICIAN	103	224		2,592.	99	11.58	.038	25.17		.44
PHYSICAL THERAPIST	1	3		12.	03	4.01	.001	12.03		.00
PORTABLE X-RAY	0	0			00	.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	15	74		11,746.	01	158.73	.013	783.07		1.99
PROSTHETICS	8	67		11,378.	92	169.83	.011	1422.37		1.93
ORTHOTICS	7	7		367.	09	52.44	.001	52.44		.06
PSYCHOLOGIST	1	1			33	.33	.000	.33		.00
SPEECH AND AUDIOLOGY	29	77		2,961.	26	38.46	.013	102.11		.50
HOSPICE SERVICES	3	42		4,813.		114.60	.007	1604.39		.82
NONINST BIRTHING CENTERS	0	0			00	.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	105	8,250		40,110.	27	4.86	1.401	382.00		6.81
EPSDT SUPPLEMENTAL SERVICE	0	0		·	00	.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0			00	.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0			00	.00	.000	.00		.00
ALL OTHER PROVIDERS	346	86,824		33,377.			14.743	96.47		5.67
@CALIF. CHILDREN SERVICES*	68	12,477	\$	64,113.			2.119			10.89
@XOVER EXCLUDING STATE HOSP**	754	10,459	Š	93,225.			1.776	•		15.83
@* TOTALC IN THECE IINEC ARE CT		•	TTTM			, 0.5±	,,0	7 123.01	~	_3.03

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 725
MOP024 FEE-FOR-SERVICE/DENTAL
AMADOR COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

						MC	TNC	HLY AVERA	ιGΕ	
7,287 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	3	COST PER		COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	3,970	20,341	\$ 1,386,214.54	\$	68.15	2.791	\$	349.17	\$	190.23
@PHYSICIANS SERVICES	1,043	2,645	\$ 133,471.87	\$	50.46	.363	\$	127.97	\$	18.32
OUTPATIENT VISITS	619	799	30,062.97		37.63	.110		48.57		4.13
OFFICE VISITS	511	646	21,168.62		32.77	.089		41.43		2.90

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	65	69	3,539.05	51.29	.009	54.45	.49
PREVENTIVE CARE	2	2	71.89	35.95	.000	35.95	.01
OB VISITS/COMPRE PERI	39	59	4,695.92	79.59	.008	120.41	.64
OTHER OUTPATIENT	21	23	587.49	25.54	.003	27.98	.08
INPATIENT VISITS	61	231	20,379.51	88.22	.032	334.09	2.80
HOSPITAL VISITS	56	121	5,864.50	48.47	.017	104.72	.80
CRITICAL CARE	9	110	14,515.01	131.95	.015	1612.78	1.99
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	11	16	614.78	38.42	.002	55.89	.08
EXAMINATIONS	11	16	614.78	38.42	.002	55.89	.08
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	59	412	38,575.37	93.63	.057	653.82	5.29
PRINCIPAL SURGEON	43	54	30,850.76	571.31	.007	717.46	4.23
ASSISTANT SURGEON	12	12	2,863.77	238.65	.002	238.65	.39
ANESTHESIOLOGIST	22	346	4,860.84	14.05	.047	220.95	.67

76	264		16,194.24	61.34	.036		213.08		2.22
61	75		12,321.93	164.29	.010		202.00		1.69
0	0		.00	.00	.000		.00		.00
23	189		3,872.31	20.49	.026		168.36		.53
0	0		.00	.00	.000		.00		.00
85	124		2,280.74	18.39	.017		26.83		.31
357	522		11,227.08	21.51	.072		31.45		1.54
0	0		.00	.00	.000		.00		.00
16	30		626.27	20.88	.004		39.14		.09
103	247		13,510.91	54.70	.034		131.17		1.85
2,064	5,242	\$	256,996.23	\$ 49.03	.719	\$	124.51	\$	35.27
2,054	5,109		255,915.79	50.09	.701		124.59		35.12
0	0		.00	.00	.000		.00		.00
2,054	5,109		255,915.79	50.09	.701		124.59		35.12
25	133		1,080.44	8.12	.018		43.22		.15
243	1,430	\$	55,388.35	\$ 38.73	.196	\$	227.94	\$	7.60
173	841		12,322.10	14.65	.115		71.23		1.69
42	162		10,762.00	66.43	.022		256.24		1.48
12	12		175.00	14.58	.002		14.58		.02
5	5		500.00	100.00	.001		100.00		.07
4	4		655.00	163.75	.001		163.75		.09
	76		8,648.00	113.79	.010		270.25		1.19
91	287		18,175.25	63.33	.039		199.73		2.49
0	0		.00	.00	.000		.00		.00
9	22		2,553.00	116.05	.003		283.67		.35
4	6		573.00	95.50	.001		143.25		.08
1	1		50.00	50.00	.000		50.00		.01
0	0		.00	.00	.000		.00		.00
4	4		825.00		.001		206.25		.11
9	10		150.00	15.00	.001		16.67		.02
MEDI-CAL SERVICES A	AND EXPENDITU	RES M	ONTH-OF-PAYMENT RE	PORT FOR JAI	N 2003 THRU	DEC	2003	PA	GE 726
									01/29/04
SUMMARY OF SERVICES	FOR PUBLIC	ASSI:	STANCE - FAMILIES						
	61 0 23 0 85 357 0 16 103 2,064 2,054 0 2,054 25 243 173 42 12 5 4 32 91 0 9 4 1 0 9 MEDI-CAL SERVICES A FEE-FOR-SERVICE/DEN	61 75 0 0 0 23 189 0 0 0 85 124 357 522 0 0 0 16 30 103 247 2,064 5,242 2,054 5,109 0 0 2,054 5,109 25 133 243 1,430 173 841 42 162 12 12 5 5 4 4 4 32 76 91 287 0 0 0 9 222 4 6 1 1 1 0 0 0 MEDI-CAL SERVICES AND EXPENDITURE	61 75 0 0 0 23 189 0 0 0 85 124 357 522 0 0 0 16 30 103 247 2,064 5,242 \$ 2,054 5,109 0 0 2,054 5,109 25 133 243 1,430 \$ 173 841 42 162 12 12 5 5 4 4 4 32 76 91 287 0 0 9 222 4 66 1 1 1 0 0 0 4 9 MEDI-CAL SERVICES AND EXPENDITURES ME	61 75 12,321.93 0 0 0 23 189 3,872.31 0 0 0 85 124 2,280.74 357 522 11,227.08 0 0 0 0 16 30 626.27 103 247 13,510.91 2,064 5,242 \$ 256,996.23 2,054 5,109 255,915.79 0 0 0 2,054 5,109 255,915.79 25 133 1,080.44 243 1,430 \$ 55,388.35 173 841 12,322.10 42 162 10,762.00 12 12 12 175.00 5 5 5 500.00 4 4 4 6555.00 32 76 8,648.00 91 287 18,175.25 0 0 0 9 22 2,553.00 4 6 573.00 1 1 1 50.00 0	61 75 12,321.93 164.29 0 0 0 0 .00 .00 23 189 3,872.31 20.49 0 0 0 .00 .00 85 124 2,280.74 18.39 357 522 11,227.08 21.51 0 0 0 .00 .00 16 30 626.27 20.88 103 247 13,510.91 54.70 2,064 5,242 \$ 256,996.23 \$ 49.03 2,054 5,109 255,915.79 50.09 0 0 .00 2,054 5,109 255,915.79 50.09 25 133 1,080.44 8.12 243 1,430 \$ 55,388.35 \$ 38.73 173 841 12,322.10 14.65 42 162 10,762.00 66.43 12 12 12 175.00 14.58 5 5 5 500.00 100.00 4 4 4 4 6655.00 163.75 32 76 8,648.00 113.79 91 287 18,175.25 63.33 0 0 0 .00 9 22 2,553.00 116.05 4 6 573.00 95.50 1 1 1 50.00 50.00 0 0 0 .00 0 0 0 .00 0 0 0 0 0.00 0 0 0.00 0 0 0 0.00 0 0 0 0.00 0 0 0 0.00 0 0 0 0.00 0 0 0 0.00 0 0 0.00 0 0 0 0.00 0 0 0.00 0 0 0 0.00 0 0 0 0.00 0 0 0 0.00 0 0 0.00 0 0 0 0.00 0 0 0 0.00 0 0 0 0.00 0 0 0 0.00 0 0 0 0.00 0 0 0 0.00 0 0 0 0.00 0 0 0 0.00 0 0 0 0.00 0 0 0 0.00 0 0 0 0.00 0 0 0.00 0 0 0.00 0 0 0.00 0 0 0.00 0 0 0.00 0 0 0.00 0 0 0.00 0 0 0.00 0 0 0.00 0 0 0.00 0 0 0.00 0 0 0 0.00 0 0 0.00 0 0 0.00 0 0 0.00 0 0 0.00 0 0 0.00 0 0 0.00 0 0 0.00 0 0 0.00 0 0 0.00 0 0 0.00 0 0 0.00 0 0 0.00 0 0 0.00 0 0 0.00 0 0 0.00 0 0 0 0.00 0 0 0 0.00 0 0 0 0.00 0 0 0 0	61 75 12,321.93 164.29 .010 0 0 0 .00 .00 .00 .000 23 189 3,872.31 20.49 .026 0 0 0 .00 .00 .00 .000 85 124 2,280.74 18.39 .017 357 522 11,227.08 21.51 .072 0 0 0 .00 .00 .00 .00 16 30 626.27 20.88 .004 103 247 13,510.91 54.70 .034 2,064 5,242 \$ 256,996.23 \$ 49.03 .719 2,054 5,109 255,915.79 50.09 .701 0 0 0 .00 .00 .00 .000 2,054 5,109 255,915.79 50.09 .701 25 133 1,080.44 8.12 .018 243 1,430 \$ 55,388.35 \$ 38.73 .196 173 841 12,322.10 14.65 .115 42 162 10,762.00 66.43 .022 12 12 12 175.00 14.58 .002 5 5 5 5 500.00 100.00 .001 32 76 8,648.00 113.79 .010 91 287 18,175.25 63.33 .039 0 0 0 .00 .00 .000 9 22 2,553.00 116.05 .003 4 4 6 573.00 95.50 .001 1 1 1 50.00 50.00 .000 0	61 75 12,321.93 164.29 .010 0 0 .00 .00 .00 .000 23 189 3,872.31 20.49 .026 0 0 0 .00 .00 .00 .000 85 124 2,280.74 18.39 .017 357 522 11,227.08 21.51 .072 0 0 0 .00 .00 .00 .000 16 30 626.27 20.88 .004 103 247 13,510.91 54.70 .034 2,064 5,242 \$ 256,996.23 \$ 49.03 .719 \$ 2,054 5,109 255,915.79 50.09 .701 0 0 0 .00 .00 .00 2,054 5,109 255,915.79 50.09 .701 25 133 1,080.44 8.12 .018 243 1,430 \$ 55,388.35 \$ 38.73 .196 \$ 173 841 12,322.10 14.65 .115 42 162 10,762.00 66.43 .022 12 12 12 175.00 14.58 .002 5 5 5 5 5 .000 100.00 .001 4 4 4 6 655.00 163.75 .001 9 1 287 18,175.25 63.33 .039 0 0 0 .00 .00 .000 9 222 2,553.00 116.05 .003 4 6 6 573.00 95.50 .001 1 1 1 5 0.00 50.00 .000 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	61 75 12,321.93 164.29 .010 202.00 0 0 0 .00 .00 .00 .00 .00 23 189 3,872.31 20.49 .026 168.36 0 0 0 .00 .00 .00 .00 .00 .00 85 124 2,280.74 18.39 .017 26.83 357 522 11,227.08 21.51 .072 31.45 0 0 0 .00 .00 .00 .00 .00 .00 16 30 .626.27 20.88 .004 39.14 103 247 13,510.91 54.70 .034 131.17 2,064 5,242 \$ 256,996.23 \$ 49.03 .719 \$ 124.51 2,054 5,109 255,915.79 50.09 .701 124.59 0 0 0 .00 .00 .00 .00 .00 2,054 5,109 255,915.79 50.09 .701 124.59 25 133 1,080.44 8.12 .018 43.22 243 1,430 \$ 55,388.35 \$ 38.73 .196 \$ 227.94 173 841 12,322.10 14.65 .115 71.23 42 162 10,762.00 66.43 .022 256.24 12 12 12 175.00 14.58 .002 14.58 5 5 5 5 500.00 100.00 .001 100.00 4 4 4 6655.00 163.75 .001 103.75 32 76 8,648.00 113.79 .010 270.25 91 287 18,755.5 63.33 .39 199.73 0 0 0 .00 .00 .00 .00 .00 9 22 2 2,553.00 116.05 .003 283.67 4 6 573.00 95.50 .001 103.75 10 0 0 .00 .00 .00 .00 .00 4 4 6 573.00 95.50 .00 .00 .00 .00 9 22 2 5,553.00 116.05 .003 283.67 4 6 573.00 95.50 .001 14.32 5 1 1 1 50.00 50.00 .000 .000 .000 6 0 0 .00 .00 .000 .0	61 75 12,321.93 164.29 .010 202.00 0 0 0 .00 .00 .00 .00 .00 .00 23 189 3,872.31 20.49 .026 168.36 0 0 0 0 .00 .00 .00 .000 .000 .00 85 124 2,280.74 18.39 .017 26.83 357 522 11,227.08 21.51 .072 31.45 0 0 0 .00 .00 .00 .00 .00 .00 16 30 626.27 20.88 .004 39.14 103 247 13,510.91 54.70 .034 131.17 2,064 5,242 \$256,996.23 \$49.03 .719 \$124.51 \$ 2,054 5,109 255,915.79 50.09 .701 124.59 0 0 0 2,054 5,109 255,915.79 50.09 .701 124.59 25 133 1,080.44 8.12 .018 43.22 243 1,430 \$55,388.35 \$38.73 .196 \$227.94 \$ 173 841 12,322.10 14.65 .115 71.23 42 162 10,762.00 66.43 .022 256.24 12 12 12 175.00 14.58 .002 14.58 5 5 5 500.00 100.00 .001 100.00 4 4 4 6655.00 163.75 .001 163.75 32 76 8,648.00 113.79 .010 270.25 91 287 18,175.25 633 .039 199.73 0 0 0 .00 .00 .00 .00 .00 .00 .00 9 222 2,553.00 116.05 .003 283.67 4 6 573.00 95.50 .001 143.25 11 1 50.00 50.00 .00 .000 .00 .00 4 4 4 825.00 95.50 .001 143.25 1 MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE

----- MONTHLY AVERAGE -----AVERAGE COST UNITS/DAYS COST PER 7,287 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 102 233 5,883.20 25.25 .032 \$ 57.68 \$.81 DIAGNOSTIC AND ANC. PROCED 3,449.18 45.38 .010 45.99 .47 EYE APPLIANCES 51 145 2,251.41 15.53 .020 44.15 .31 12 16 \$ 12 OTHER OPTOMETRIC SERVICES 182.61 15.22 .002 15.22 .03 @CHIROPRACTOR 13 263.34 \$ 16.46 .002 \$ 20.26 \$.04 13 263.34 16.46 20.26 VISITS 16 .002 .04 .00 .000 OTHER SERVICES 0 .00 .00 .00 49.84 \$ @PODIATRIST 10 348.88 34.89 .001 \$.05 6 37.07 MEDICINE/INJECTIONS 222.40 .001 44.48 .03 126.48 31.62 .001 42.16 .02 SURGERY/ANES. .00 .00 .000 .00 .00 RADIO./PATHOLOGY OTHER 0 .00 .00 .000 .00 .00 1,572.99 262.17 24 65.54 .22 @HOME HEALTH AGENCY .003 \$ 0 .00 .00 .000 \$.00 \$.00 NURSE ANESTHESIST .00 NURSE MIDWIFE .00 .00 .000 \$.00 PEDIATRIC NURSE PRACTITIONER .00 .00 .000 .00 .00 0 FAMILY NURSE PRACTITIONER 0 .00 .000 .00 .00 .00 618,438.24 @TOTAL HOSPITAL 1,167 4,888 126.52 .671 529.94 84.87 335 HOSP INPATIENT TOTAL 61 479,968.61 1432.74 .046 7868.34 65.87 197 250,008.08 .027 1269.08 10000.32 HSC HOSPITALS 1666.38 NON-HSC HOSPITAL TOTAL 138 229,960.53 .019 5896.42 31.56 39 138 .019 1792.53 9.59 ACCOMMODATIONS 69,908.72 506.58 .000 ADMINISTRATIVE DAYS 462.60 231.30 462.60 .06 1 TRANSITIONAL IP CARE .00 .00 .000 .00 .00

ALL OTHER ACCOM	38	136		69,446.12	510.63	.019	1827.53	9.53
ANCILLARIES	38	0		160,051.81	.00	.000	4211.89	21.96
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1,136	4,553		138,469.63	30.41	.625	121.89	19.00
MEDICAL	696	1,084		49,275.65	45.46	.149	70.80	6.76
SURGERY	33	38		1,680.52	44.22	.005	50.92	.23
PATHOLOGY	373	1,313		15,203.47	11.58	.180	40.76	2.09
RADIOLOGY	309	425		23,777.28	55.95	.058	76.95	3.26
ROOM USE	729	1,007		38,958.92	38.69	.138	53.44	5.35
CROSSOVERS/ALL OTH OUTPTNT	329	686		9,573.79	13.96	.094	29.10	1.31
@COUNTY HOSPITAL TOTAL	15	65	\$	1,865.57	\$ 28.70	.009	\$ 124.37	\$.26
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	15	65		1,865.57	28.70	.009	124.37	.26
MEDICAL	9	10		255.91	25.59	.001	28.43	.04
SURGERY	2	4		178.86	44.72	.001	89.43	.02
PATHOLOGY	5	18		246.90	13.72	.002	49.38	.03
RADIOLOGY	4	4		130.10	32.53	.001	32.53	.02
ROOM USE	15	18		753.14	41.84	.002	50.21	.10
CROSSOVERS/ALL OTH OUTPTNT		11		300.66	27.33	.002	60.13	.04
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITU	JRES	MONTH-OF-PAYMENT RE	EPORT FOR JAN	2003 THRU	DEC 2003	PAGE 727
MOP024	FEE-FOR-SERVICE/DENTAL							01/29/04
AMADOR COUNTY	SUMMARY OF SERVICES FOR	PUBLIC	C ASS	SISTANCE - FAMILIES				
						M	ONTHLY AVERA	GE

						MO	NIHLY AVERA	LG E	
7,287 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,155	4,823 \$	5	616,572.67	\$ 127.84	.662	\$ 533.83	\$	84.61
COMM HOSP INPATIENT TOTAL	61	335		479,968.61	1432.74	.046	7868.34		65.87
HSC HOSPITALS	25	197		250,008.08	1269.08	.027	10000.32		34.31
NON-HSC HOSPITALS TOTAL	39	138		229,960.53	1666.38	.019	5896.42		31.56
ACCOMMODATIONS	39	138		69,908.72	506.58	.019	1792.53		9.59
ADMINISTRATIVE DAYS	1	2		462.60	231.30	.000	462.60		.06
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	38	136		69,446.12	510.63	.019	1827.53		9.53
ANCILLARIES	38	0		160,051.81	.00	.000	4211.89		21.96
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	1,124	4,488		136,604.06	30.44	.616	121.53		18.75
MEDICAL	688	1,074		49,019.74	45.64	.147	71.25		6.73
SURGERY	31	34		1,501.66	44.17	.005	48.44		.21
PATHOLOGY	369	1,295		14,956.57	11.55	.178	40.53		2.05
RADIOLOGY	306	421		23,647.18	56.17	.058	77.28		3.25
ROOM USE	716	989		38,205.78	38.63	.136	53.36		5.24
CROSSOVERS/ALL OTH OUTPTNT	324	675		9,273.13	13.74	.093	28.62		1.27
@STATE HOSPITAL	0	0 \$	5	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00		.00
@NURSING FACILITY	0	0 \$;	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00		.00

LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	1	8	\$	156.88	\$	19.61	.001	\$	156.88	\$.02
HOSPITAL BASED	1	8		156.88		19.61	.001		156.88		.02
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	155	472	\$	7,925.65	\$	16.79	.065	\$	51.13	\$	1.09
PATHOLOGY	155	472		7,925.65		16.79	.065		51.13		1.09
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	1,024	1,535	\$	258,907.91	\$	168.67	.211	\$	252.84	\$	35.53
CLINIC	16	41		992.74		24.21	.006		62.05		.14
SURGICENTER	9	71		2,220.81		31.28	.010		246.76		.30
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	1,001	1,423		255,694.36		179.69	.195		255.44		35.09
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	D EXPENDITU	IRES N	MONTH-OF-PAYMENT RE	EPORT	FOR JAN	2003 THRU	DEC	2003	P <i>I</i>	AGE 728
MOP024	FEE-FOR-SERVICE/DENT	AL									01/29/04
AMADOR COUNTY	SUMMARY OF SERVICES	FOR PUBLIC	: ASSI	ISTANCE - FAMILIES							

----- MONTHLY AVERAGE -----7,287 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER ELIGIBLE OR DAYS OF CARE PER UNIT/DAY PER ELIG USER 515 .527 \$ 90.99 \$ @ALL OTHER PROVIDERS 3,838 \$ 46,861.00 12.21 6.43 DURABLE MED. EQUIP. 27 1,837.40 68.05 .004 91.87 .25 .00 BLOOD BANK 0 .00 .000 0 .00 .00 HEARING AID DISPENSERS 1 1 669.28 669.28 .000 669.28 .09 MEDICAL TRANSPORTATION 73 1,010 16,946.88 16.78 .139 232.15 2.33 73 11.47 158.18 AMBULANCES/AIR TRANS 1,007 11,546.88 .138 1.58 OTHER TRANS .00 .00 .000 .00 .00 OTHER SERVICES 5,400.00 1800.00 2700.00 .74 .000 ACUPUNCTURE .00 .00 .000 .00 .00 ADULT DAY HEALTH CARE CTR .00 .00 .000 .00 .00 .001 GENETIC DISEASE TESTING 895.00 99.44 99.44 .12 IHMC, MODEL-NF, NF, AIDS, MSSP 0 .00 .00 .000 .00 .00 OCCUPATIONAL THERAPIST 0 .00 .00 .000 .00 .00 OPTICIAN 59 125 1,211.00 9.69 .017 20.53 .17 PHYSICAL THERAPIST 0 .00 .00 .000 .00 .00 PORTABLE X-RAY 0 .00 .00 .000 .00 .00 3,074.84 27 439.26 PROSTHETIST/ORTHOTISTS 113.88 .004 .42 .003 PROSTHETICS 24 2,867.18 119.47 716.80 .39 207.66 69.22 .000 69.22 .03 ORTHOTICS .00 .00 PSYCHOLOGIST .000 SPEECH AND AUDIOLOGY .00 .00 .000 .00 .00 HOSPICE SERVICES .00 .00 .000 .00 .00 NONINST BIRTHING CENTERS 0 0 .00 .00 .000 .00 .00 2,339 LOCAL EDUCATION AGENCIES 22,015.80 9.41 63.45 3.02 .321 EPSDT SUPPLEMENTAL SERVICE 0 .00 .00 .000 .00 .00 RESPIRATORY CARE PRACT. 0 .00 .00 .00 .000 .00 .00 .00 PED SUBACUTE REHAB/WEANING 0 .00 .000 .00 .041 ALL OTHER PROVIDERS 300 210.80 .70 105.40 .03 1,380 .189 \$ 7209.30 144,185.92 104.48 19.79 @CALIF. CHILDREN SERVICES* \$ @XOVER EXCLUDING STATE HOSP** .00 .00 .000 \$.00 \$.00 \$

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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----- MONTHLY AVERAGE -----

01/29/04

AMADOR COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - TOTAL

AMADOR COUNTY	SUMMARY OF SERVI	CES FOR PUBLIC ASSIS	STANCE - TOTAL				_
					MONTE		
14,797 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	10,071	243,626 \$	5,684,939.90	\$ 23.33	16.465 \$		\$ 384.20
@PHYSICIANS SERVICES	2,813	9,429 \$	321,629.21	\$ 34.11	.637 \$	114.34	\$ 21.74
OUTPATIENT VISITS	1,281	1,760	62,021.42	35.24	.119	48.42	4.19
OFFICE VISITS	1,096	1,474	47,153.44	31.99	.100	43.02	3.19
HOME VISITS	5	, 6	223.10	37.18	.000	44.62	.02
EMERGENCY ROOM	108	129	7,486.40	58.03	.009	69.32	.51
PREVENTIVE CARE	2	2	71.89	35.95	.000	35.95	.00
OB VISITS/COMPRE PERI	40	60	4,807.92	80.13	.004	120.20	.32
	80	89	2,278.67	25.60	.004	28.48	.15
OTHER OUTPATIENT	161	594					
INPATIENT VISITS			37,277.43	62.76	.040	231.54	2.52
HOSPITAL VISITS	123	426	19,812.96	46.51	.029	161.08	1.34
CRITICAL CARE	16	121	16,076.72	132.87	.008	1004.80	1.09
SNF/ICF/TRANS IP CARE	33	47	1,387.75	29.53	.003	42.05	.09
OPHTHALMOLOGICAL SERVICES	24	33	1,303.47	39.50	.002	54.31	.09
EXAMINATIONS	24	33	1,303.47	39.50	.002	54.31	.09
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	111	1,558	79,824.29	51.24	.105	719.14	5.39
PRINCIPAL SURGEON	78	106	63,810.96	601.99	.007	818.09	4.31
ASSISTANT SURGEON	14	14	4,662.34	333.02	.001	333.02	.32
ANESTHESIOLOGIST	45	1,438	11,350.99	7.89	.097	252.24	.77
OUTPATIENT SURGERY	170	467	33,372.60	71.46	.032	196.31	2.26
PRINCIPAL SURGEON	142	173	27,186.65	157.15	.012	191.46	1.84
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
	38	294		21.04	.020	162.79	.42
ANESTHESIOLOGIST			6,185.95				
DIALYSIS	13	70	3,470.44	49.58	.005	266.96	. 23
PATHOLOGY	201	518	7,830.61	15.12	.035	38.96	.53
RADIOLOGY	735	1,222	42,740.89	34.98	.083	58.15	2.89
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	42	65	1,114.71	17.15	.004	26.54	.08
OTHER SERVICES/ALL X-OVERS	1,037	3,142	52,673.35	16.76	.212	50.79	3.56
@PHARMACY	7,297	75,305 \$	2,294,382.02	\$ 30.47	5.089 \$	314.43	\$ 155.06
PRESCRIPTION DRUGS	7,227	28,219	2,228,186.39	78.96	1.907	308.31	150.58
SNF/ICF	109	771	60,874.67	78.96	.052	558.48	4.11
OUTPATIENTS	7,123	27,448	2,167,311.72	78.96	1.855	304.27	146.47
MEDICAL SUPPLIES	400	47,086	66,195.63	1.41	3.182	132.92	4.47
@DENTIST	527	2,699 \$	116,869.25	\$ 43.30	.182 \$	221.76	
VISITS - DIAGNOSTIC	354	1,588	21,850.00	13.76	.107	61.72	1.48
ORAL SURGERY	527 354 102	284	18,608.00	65.52	.019	182.43	1.26
DRUGS	13	13	190.00	14.62	.001	14.62	.01
	6	6					.01
ANESTHESIA			600.00	100.00	.000	100.00	
PERIODONTICS	20	24	3,072.00	128.00	.002	153.60	.21
ENDODONTICS	53	107	16,292.00	152.26	.007	307.40	1.10
RESTORATIVE DENTISTRY	171	548	37,937.25	69.23	.037	221.86	2.56
PROSTHETICS	3	3	60.00	20.00	.000	20.00	.00
DENTURES, STAYPLATES	56	100	16,662.00	166.62	.007	297.54	1.13
SPACE MAINTAINERS	4	6	573.00	95.50	.000	143.25	.04
MAXILLOFACIAL SERVICES	1	1	50.00	50.00	.000	50.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	4	4	825.00	206.25	.000	206.25	.06
ALL OTHER SERVICES	13	15	150.00	10.00	.001	11.54	.01
#CALIF DEPT OF HEALTH SERV		S AND EXPENDITURES MO					PAGE 730
MOP024	FEE-FOR-SERVICE/						01/29/04
AMADOR COUNTY		CES FOR PUBLIC ASSIS	STANCE - TOTAL				01/20/01
IN INDOIL COUNTY	DOMINANT OF BENCH	CLO I OK FUDIL ASSI.	21111/05 10174		MONTTI	א משווא עדני	177

14,797 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	-	OST PER LIGIBLE
@OPTOMETRIST	314	704 \$	16,904.30	\$ 24.01	.048 \$	53.84	\$	1.14
DIAGNOSTIC AND ANC. PROCED	178	179	7,165.99	40.03	.012	40.26		.48
EYE APPLIANCES	176	480	8,572.22	17.86	.032	48.71		.58
OTHER OPTOMETRIC SERVICES	46	45	1,166.09	25.91	.003	25.35		.08
@CHIROPRACTOR	41	56 \$	893.78	\$ 15.96	.004 \$	21.80	\$.06
VISITS	34	45	744.04	16.53	.003	21.88		.05
OTHER SERVICES	7	11	149.74	13.61	.001	21.39		.01
@PODIATRIST	113	145 \$	2,760.16	\$ 19.04	.010 \$	24.43	\$.19
MEDICINE/INJECTIONS	35	37	1,237.80	33.45	.003	35.37		.08
SURGERY/ANES.	7	9	241.53	26.84	.001	34.50		.02
RADIO./PATHOLOGY	1	2	34.60	17.30	.000	34.60		.00
OTHER	74	97	1,246.23	12.85	.007	16.84		.08
@HOME HEALTH AGENCY	33	648 \$	23,249.55	\$ 35.88	.044 \$	704.53	\$	1.57
NURSE ANESTHESIST	4	71 \$	170.36	\$ 2.40	.005 \$	42.59	\$.01

NURSE MIDWIFE	3	15	\$	1,483.17	\$	98.88	.001	\$	494.39	\$.10
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000		.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$		\$.00	.000		.00		.00
@TOTAL HOSPITAL	2,241	12,950	\$		Š	119.77	.875		692.14		104.82
HOSP INPATIENT TOTAL	212	1,009	т	1,199,291.21	τ.	1188.59	.068	τ.	5657.03	τ.	81.05
HSC HOSPITALS	60	385		441,353.11		1146.37	.026		7355.89		29.83
NON-HSC HOSPITAL TOTAL	93	372					.025		7548.23		47.44
NON-HSC HOSPITAL TOTAL	93	372		212,740.76		1887.06 571.88	.025		2287.54		14.38
ACCOMMODATIONS	1	2				3/1.00					
ADMINISTRATIVE DATS	0	0		462.60		231.30	.000		462.60		.03
TRANSITIONAL IP CARE	0			.00		.00	.000		.00		.00
ALL OTHER ACCOM	92	370		212,278.16		573.72	.025		2307.37		14.35
ANCILLARIES	92	0		489,244.38		.00	.000		5317.87		33.06
ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT HOSP OUTPATIENT TOTAL MEDICAL SURGERY	67	252		55,952.96		222.04	.017		835.12		3.78
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	2,108	11,941		351,790.18		29.46	.807		166.88		23.77
MEDICAL	1,002	1,643		76,067.16		46.30	.111		75.92		5.14
SURGERY	87	96		3,756.51		39.13	.006		43.18		. 25
PATHOLOGY	846	3,970		43,169.42		10.87	.268		51.03		2.92
RADIOLOGY	600	903		63,014.51		69.78	.061		105.02		4.26
ROOM USE	1,190	1,723		68,888.77		39.98	.116		57.89		4.66
CROSSOVERS/ALL OTH OUTPTNT	629	3,606		96,893.81		26.87	.244		154.04		6.55
@COUNTY HOSPITAL TOTAL	33	174	\$	12,676.45	\$	72.85	.012	\$	384.13	\$.86
CO HOSPITAL INPATIENT TOTAL	1	8		7,320.00		915.00	.001		7320.00		.49
HSC HOSPITALS	1	8		7,320.00		915.00	.001		7320.00		.49
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	Ö		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	32	166		5,356.45		32.27	.011		167.39		.36
	15	18		441.68		24.54	.001		29.45		.03
MEDICAL	4	6		265.87		44.31	.000		66.47		.03
SURGERY	16	69		815.13		11.81	.005		50.95		.02
PATHOLOGY	9										
RADIOLOGY		12		1,871.62		155.97	.001		207.96		.13
ROOM USE	25	31		1,434.82		46.28	.002		57.39		.10
CROSSOVERS/ALL OTH OUTPTNT	13	30	TC 14	527.33		17.58	.002	550	40.56		.04
			ES M	ONTH-OF-PAYMENT RE	EPOR'	T FOR JAN 2	UU3 THRU .	DEC	2003	P	AGE 731
MOP024	FEE-FOR-SERVICE/			GENNIGE EGENT							01/29/04
AMADOR COUNTY	SUMMARY OF SERVI	CES FOR PUBLIC	ASSI	STANCE - TOTAL				~		~-	
14 505							M				
14,797 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST					COST PER
		OR DAYS OF CARE				R UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2,217	12,776	\$	1,538,404.94	\$	120.41		\$	693.91	\$	
COMM HOSP INPATIENT TOTAL	211	1,001		1,191,971.21		1190.78	.068		5649.15		80.55
HSC HOSPITALS	59	377		434,033.11		1151.28	.025		7356.49		29.33
NON-HSC HOSPITALS TOTAL	93	372		701,985.14			.025		7548.23		47.44
ACCOMMODATIONS	93	372		212,740.76		571.88	.025		2287.54		14.38
ADMINISTRATIVE DAYS	1	2		462.60		231.30	.000		462.60		.03
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	92	370		212,278.16		573.72	.025		2307.37		14.35
ANCILLARIES	92	0		489,244.38		.00	.000		5317.87		33.06
INPATIENT CROSSOVERS	67	252		55,952.96		222.04	.017		835.12		3.78
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	2,085	11,775		346,433.73		29.42	.796		166.16		23.41
MEDICAL	991	1,625		75,625.48		46.54	.110		76.31		5.11
SURGERY	83	90		3,490.64		38.78	.006		42.06		.24
PATHOLOGY	833	3,901		42,354.29		10.86	.264		50.85		2.86
111110001	000	3,701		12,331.23		10.00	.201		50.05		2.00

RADIOLOGY	593	891		61,142.89		68.62	.060		103.11		4.13
ROOM USE	1,172	1,692		67,453.95		39.87	.114		57.55		4.56
CROSSOVERS/ALL OTH OUTPTNT		3,576		96,366.48		26.95	.242		155.43		6.51
@STATE HOSPITAL	0	. 0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00	'	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	119	3,331	Ś	412,652.90	Ś	123.88	.225	\$	3467.67	Ġ	27.89
LEV A-INTERMEDIATE	0	0	τ	.00	Υ	.00	.000	τ.	.00	т	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	119	3,331		412,652.90		123.88	.225		3467.67		27.89
@INTERMEDIATE CARE FACILDD	0	0	Ś	.00	Ś	.00	.000	Ś	.00	Ś	.00
ICF DDH	0	0	-	.00	-	.00	.000	т	.00	т.	.00
ICF DD	0	Ō		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	33	324	Ś	46.096.24	\$	142.27	.022	\$	1396.86	\$	3.12
HOSPITAL BASED	12	138	-	26,794.36	-	194.16	.009	т	2232.86	т.	1.81
HEMODIALYSIS CENTER	21	186		19,301.88		103.77	.013		919.14		1.30
@REHABILITATION FACILITY	1	8	\$	156.88	\$	19.61	.001	\$	156.88	\$.01
HOSPITAL BASED	1	8		156.88		19.61	.001	•	156.88		.01
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	333	1,420	\$	20,307.16	\$	14.30	.096	\$	60.98	\$	1.37
PATHOLOGY	312	1,381	·	20,146.05	•	14.59	.093	•	64.57	·	1.36
XO AND OTHERS	21	. 39		161.11		4.13	.003		7.67		.01
@ORGANIZED OUTPATIENT CLINIC	2,161	3,337	\$	478,053.43	\$	143.26	.226	\$	221.22	\$	32.31
CLINIC	31	75	·	1,955.14	•	26.07	.005	•	63.07	·	.13
SURGICENTER	15	91		3,147.25		34.59	.006		209.82		.21
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	2,119	3,171		472,951.04		149.15	.214		223.20		31.96
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC		RES M	ONTH-OF-PAYMENT R	EPOR'	T FOR JAN	2003 THRU	DEC	2003	PI	AGE 732
MOP024	FEE-FOR-SERVICE	/DENTAL									01/29/04
AMADOR COUNTY	SUMMARY OF SERV	ICES FOR PUBLIC	ASSI	STANCE - TOTAL							
							M	ONT	HLY AVERA	GE -	
14,797 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AV:	ERAGE COST	UNITS/DAY	S	COST PER	(COST PER
		OR DAYS OF CAR	E		PE	R UNIT/DAY	PER ELIG		USER	I	ELIGIBLE
@ALL OTHER PROVIDERS	1,740	133,184	\$	398,250.10	\$	2.99	9.001	\$	228.88	\$	26.91
DURABLE MED. EQUIP.	130	435	•	62,254.54	•	143.11	.029		478.88	•	4.21
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	3	3		1.143.70		381.23	.000		381.23		.08

					IVI	ONITLI AVERA	.GE
14,797 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAY	S COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	1,740	133,184	\$ 398,250.10	\$ 2.99	9.001	\$ 228.88	\$ 26.91
DURABLE MED. EQUIP.	130	435	62,254.54	143.11	.029	478.88	4.21
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	3	3	1,143.70	381.23	.000	381.23	.08
MEDICAL TRANSPORTATION	251	13,292	58,472.59	4.40	.898	232.96	3.95
AMBULANCES/AIR TRANS	185	2,644	30,564.70	11.56	.179	165.21	2.07
OTHER TRANS	32	9,779	20,542.77	2.10	.661	641.96	1.39
OTHER SERVICES	42	869	7,365.12	8.48	.059	175.36	.50
ACUPUNCTURE	9	36	616.35	17.12	.002	68.48	.04
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	9	9	895.00	99.44	.001	99.44	.06
IHMC, MODEL-NF, NF, AIDS, MSSP	241	3,296	122,433.65	37.15	.223	508.02	8.27
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	191	420	4,586.51	10.92	.028	24.01	.31
PHYSICAL THERAPIST	1	3	12.03	4.01	.000	12.03	.00
PORTABLE X-RAY	1	2	1.30	.65	.000	1.30	.00
PROSTHETIST/ORTHOTISTS	27	117	15,321.95	130.96	.008	567.48	1.04
PROSTHETICS	17	107	14,747.20	137.82	.007	867.48	1.00
ORTHOTICS	10	10	574.75	57.48	.001	57.48	.04
PSYCHOLOGIST	1	1	.33	.33	.000	.33	.00
SPEECH AND AUDIOLOGY	33	81	3,630.18	44.82	.005	110.01	.25
HOSPICE SERVICES	3	42	4,813.16	114.60	.003	1604.39	.33
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	455	17,958	71,723.09	3.99	1.214	157.63	4.	85
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00		00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00		00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00		00
ALL OTHER PROVIDERS	547	97,489	52,345.72	.54	6.588	95.70	3.	54
@CALIF. CHILDREN SERVICES*	94	13,978	\$ 218,941.93	\$ 15.66	.945	\$ 2329.17	\$ 14.	80
@XOVER EXCLUDING STATE HOSP**	1,251	12,708	\$ 165,256.78	\$ 13.00	.859	\$ 132.10	\$ 11.	17

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 733
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
AMADOR COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - AGED AID CODE 14 1H 1U 1X

AMADOR COUNTY	SUMMARY OF SERV	VICES FOR MN - NO	SOC	- AGED AI	D COI	DE 14 1H 1U					
							Mo			GE	
1,384 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		VERAGE COST					COST PER
		OR DAYS OF CARE				ER UNIT/DAY			USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	1,091	8,724	\$	382,583.24			6.303	\$	350.67	\$	276.43
@PHYSICIANS SERVICES	213	1,371	\$	15,286.77	\$.991	\$	71.77	\$	11.05
OUTPATIENT VISITS	0	0		.00		.00	.000		.00		.00
OFFICE VISITS	0	0		.00		.00	.000		.00		.00
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0	0		.00		.00	.000		.00		.00
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	0	0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0	0		.00		.00	.000		.00		.00
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	3	3		68.34		22.78	.002		22.78		.05
PSYCHIATRY	0	3 0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	210	1,368		15,218.43		11.12	.988		72.47		11.00
@PHARMACY	926	3,750	\$	229,111.77			2.710	Ś	247.42	Ś	165.54
PRESCRIPTION DRUGS	922	3,587	т	226,833.89		63.24	2.592	~	246.02	τ.	163.90
SNF/ICF	16	108		4,691.00		43.44	.078		293.19		3.39
OUTPATIENTS	907	3,479		222,142.89		63.85	2.514		244.92		160.51
MEDICAL SUPPLIES	33	163		2,277.88		13.97	.118		69.03		1.65
@DENTIST	31	121	\$	6,642.00			.087	¢	214.26	Ġ	4.80
VISITS - DIAGNOSTIC	15	73	Ÿ	708.00		9.70	.053	Ÿ	47.20	Y	.51
ORAL SURGERY	4	15		967.00		64.47	.011		241.75		.70
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	1	U 1		118.00		118.00	.001		118.00		.00
ENDODONTICS ENDODONTICS	U	0		.00		.00	.000		.00		.09
RESTORATIVE DENTISTRY	0 د	9		1,004.00		111.56	.007		167.33		.73
PROSTHETICS	0 1	1		30.00		30.00	.007		30.00		.73
LIONIUFIICO	Τ.	1		30.00		30.00	.001		30.00		.02

DENTURES, STAYPLATES	10	17	3,815.00	224.41	.012	381.50	2.76
•	10	± /	- ,				
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	2	5	.00	.00	.004	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES 1	MONTH-OF-PAYMENT REPO	ORT FOR JAN 2	003 THRU DE	C 2003	PAGE 734
MOP024	FEE-FOR-SERVICE	/DENTAL					01/29/04
AMADOR COUNTY	SUMMARY OF SERV	ICES FOR MN - NO SO	C - AGED AID CO	DDE 14 1H 1U :	1X		
					MON'	THLY AVERAG	E
1,384 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES A	AVERAGE COST (UNITS/DAYS	COST PER	COST PER

AMADOR COUNTY	SUMMARY OF SERV	JICES FOR M	IN – NO	SOC -	- AGED AII	D C	ODE 1	L4 1H 1U					
										-	HLY AVERA	_	
1,384 ELIGIBLES	USERS	UNITS OF S	SERVICE		EXPENDITURES				UNITS/DAY				COST PER
		OR DAYS O							PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	47			\$	1,748.36		\$	20.57	.061	\$	37.20	\$	1.26
DIAGNOSTIC AND ANC. PROCED	16		16		252.03			15.75	.012		15.75		.18
EYE APPLIANCES	25		63		1,163.52			18.47	.046		46.54		.84
OTHER OPTOMETRIC SERVICES	9		6		332.81			55.47	.004		36.98		.24
@CHIROPRACTOR	1		1	\$	16.72		\$	16.72	.001	\$	16.72	\$.01
VISITS	0		0		.00			.00	.000		.00		.00
OTHER SERVICES	1		1		16.72			16.72	.001		16.72		.01
@PODIATRIST	23		35	\$	288.91		\$	8.25	.025	\$	12.56	\$.21
MEDICINE/INJECTIONS	0		0	•	.00		•	.00	.000		.00	-	.00
SURGERY/ANES.	0		0		.00			.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00			.00	.000		.00		.00
OTHER	23		35		288.91			8.25	.025		12.56		.21
@HOME HEALTH AGENCY	0			\$.00		\$.00	.000	Ś	.00	\$.00
NURSE ANESTHESIST	0		0	Š	.00		\$.00	.000		.00		.00
NURSE MIDWIFE	0		Ō	\$.00		Š	.00	.000		.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0		Ö	Š	.00		Š	.00		\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	Š	.00		Š	.00	.000		.00		.00
@TOTAL HOSPITAL	48		297	Š	34,254.13			L15.33	.215		713.63	Ś	24.75
HOSP INPATIENT TOTAL	17		130	Υ	30,231.24			232.55	.094	٧	1778.31	٧	21.84
HSC HOSPITALS	0		0		.00		-	.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0		0		.00			.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00			.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00			.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00			.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00			.00	.000		.00		.00
	0		0		.00			.00	.000		.00		.00
ANCILLARIES	17		130		30,231.24		,	232.55	.094		1778.31		21.84
INPATIENT CROSSOVERS ALL OTHER INPATIENT	0		0		.00		4	.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	32		167		4,022.89			24.09	.121		125.72		2.91
	0		0		'			.00	.000		.00		.00
MEDICAL	0				.00								
SURGERY	U		0 7		.00			.00	.000		.00		.00
PATHOLOGY	1		2		89.55			12.79	.005		89.55		.06
RADIOLOGY	0				115.22			57.61	.001		57.61		.08
ROOM USE	•		0		.00			.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	29 0		158	d	3,818.12		4	24.17	.114	4	131.66	4	2.76
@COUNTY HOSPITAL TOTAL	•			\$.00		\$.00	.000	Ş	.00	Ş	.00
CO HOSPITAL INPATIENT TOTAL	U		0		.00			.00	.000		.00		.00
HSC HOSPITALS	0		0		.00			.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00			.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00			.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00			.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00			.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00			.00	.000		.00		.00
ANCILLARIES	0		0		.00			.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00			.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00			.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0		0		.00			.00	.000		.00		.00
MEDICAL	0		0		.00			.00	.000		.00		.00

SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES MON	NTH-OF-PAYMENT REPO	ORT FOR JAN 2	003 THRU DEC	2003	PAGE 735
MOP024	FEE-FOR-SERVICE/D	ENTAL					01/29/04
AMADOR COUNTY	SUMMARY OF SERVIC	ES FOR MN - NO SOC -	- AGED AID CO	DDE 14 1H 1U	1X		
					MONT	HLY AVERAG	E
1,384 ELIGIBLES	USERS U	NITS OF SERVICE	EXPENDITURES A	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE	I	PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	48	297 \$	34,254.13	115.33	.215 \$	713.63	\$ 24.75
COMM HOSP INPATIENT TOTAL	17	130	30,231.24	232.55	.094	1778.31	21.84
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

3 DATE OF DATE DATE	0	2		0.0		0.0	0.00		0.0		0.0
ADMINISTRATIVE DAYS	U	U		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	17	130		30,231.24		232.55	.094		1778.31		21.84
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	32	167		4,022.89		24.09	.121		125.72		2.91
	0	0					.000		.00		
MEDICAL	-			.00		.00					.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	1	7		89.55		12.79	.005		89.55		.06
RADIOLOGY	2	2		115.22		57.61	.001		57.61		.08
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	29	158		3,818.12		24.17	.114		131.66		2.76
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
	0	0	Ą		Ą			Ą	.00	Ą	
MENTALLY ILL	-			.00		.00	.000				.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	20	313	\$	50,020.10	\$	159.81	.226	\$	2501.01	\$	36.14
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	20	313		50,020.10		159.81	.226		2501.01		36.14
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	Ş	.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	1	29	\$	230.26	\$	7.94		\$		\$.17
HOSPITAL BASED	0	0	۲	.00	٧	.00	.000	~	.00	٧	.00
	1	29		230.26		7.94	.021		230.26		.17
HEMODIALYSIS CENTER	1										
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	3	26	\$	68.32	\$	2.63	.019	\$	22.77	\$.05
PATHOLOGY	1	24	·	56.08	·	2.34	.017		56.08	·	.04
XO AND OTHERS	2	2		12.24		6.12	.001		6.12		.01
@ORGANIZED OUTPATIENT CLINIC	174	266	خ	23,443.56	ė.	88.13	.192	ė.	134.73	بع	16.94
	1/4		Ą		Ą			Ą		Ą	
CLINIC	U	0		.00		.00	.000		.00		.00
SURGICENTER	2	2		403.06		201.53	.001		201.53		. 29
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	173	264		23,040.50		87.27	.191		133.18		16.65
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDIT	URES MO	ONTH-OF-PAYMENT R	EPORT	FOR JAN	2003 THRU	DEC	2003	P	AGE 736
MOP024	FEE-FOR-SERVICE	C/DENTAL									01/29/04
AMADOR COUNTY	SUMMARY OF SERV	VICES FOR MN -	NO SOC	- AGED AID	CODE	14 1H 1t	J 1X				
							N	IONT	HLY AVERA	GE	
1,384 ELIGIBLES	USERS	UNITS OF SERVI	CE.	EXPENDITURES	ΔVF	RAGE COST	UNITS/DAY				COST PER
1,301 DDIGIDDD	OBLIE	OR DAYS OF CA					PER ELIC		USER		ELIGIBLE
@ALL OTHER PROVIDERS	155	2,430	\$	21,472.34	\$	8.84	1.756		138.53		15.51
	3		Ą		Ą			Ą		Ą	
DURABLE MED. EQUIP.		3		209.08		69.69	.002		69.69		.15
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	2	2		1,043.62		521.81	.001		521.81		.75
MEDICAL TRANSPORTATION	11	295		1,384.72		4.69	.213		125.88		1.00
AMBULANCES/AIR TRANS	0	0		.00		.00	.000		.00		.00
OTHER TRANS	6	136		1,027.89		7.56	.098		171.32		.74
OTHER SERVICES	6	159		356.83		2.24	.115		59.47		. 26
	0	0		.00		.00	.000		.00		.00
ACUPUNCTURE	0										
ADULT DAY HEALTH CARE CTR	•	0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	35	272		11,971.41		44.01	.197		342.04		8.65
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00

2.7	61		712.09		11.67	.044		26.37		.51
0	0		.00		.00	.000		.00		.00
1	1		.13		.13	.001		.13		.00
1	2		72.20		36.10	.001		72.20		.05
1	2		72.20		36.10	.001		72.20		.05
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
1	1		145.00		145.00	.001		145.00		.10
1	25		2,736.72		109.47	.018	2	2736.72		1.98
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
85	1,768		3,197.37		1.81	1.277		37.62		2.31
0	0	\$.00	\$.00	.000	\$.00	\$.00
327	2,084	\$	69,600.86	\$	33.40	1.506	\$	212.85	\$	50.29
	27 0 1 1 1 0 0 0 1 1 0 0 0 0 0 0 0 0 0 0	0 0	0 \$	0 0 .00 1 1 .13 1 2 72.20 1 2 72.20 0 0 .00 0 0 .00 1 1 145.00 1 25 2,736.72 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 85 1,768 3,197.37 0 \$.00	0 0 .00 1 1 .13 1 2 72.20 1 2 72.20 0 0 .00 0 0 .00 1 1 145.00 1 25 2,736.72 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00<	0 0 .00 .00 1 1 .13 .13 1 2 72.20 36.10 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 1 1 145.00 145.00 1 25 2,736.72 109.47 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 .00 .00 .00 0 .00 .00 .00 0 .00 .00 .00 0 .00 .00 .00 0 .00 .00 .00	0 0 .00 .00 .000 1 1 .13 .13 .001 1 2 72.20 36.10 .001 1 2 72.20 36.10 .001 0 0 .00 .00 .000 0 0 .00 .00 .000 1 1 145.00 145.00 .001 1 25 2,736.72 109.47 .018 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .00	0 0 .00 .00 .000 1 1 .13 .13 .001 1 2 72.20 36.10 .001 1 2 72.20 36.10 .001 0 0 .00 .00 .000 0 0 .00 .00 .000 1 1 145.00 145.00 .001 1 25 2,736.72 109.47 .018 2 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .00 <td>0 0 .00 .00 .000 .00 1 1 .13 .13 .001 .13 1 2 72.20 36.10 .001 72.20 1 2 72.20 36.10 .001 72.20 0 0 .00 .00 .000 .00 0 0 .00 .00 .000 .00 1 1 145.00 145.00 .001 145.00 1 25 2,736.72 109.47 .018 2736.72 0 0 .00 .00 .000 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00</td> <td>0 0 .00 .00 .000 .00 1 1 .13 .13 .001 .13 1 2 72.20 36.10 .001 72.20 1 2 72.20 36.10 .001 72.20 0 0 .00 .00 .000 .000 .00 0 0 .00 .00 .000 .00 .00 1 1 145.00 145.00 .001 145.00 1 25 2,736.72 109.47 .018 2736.72 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 <td< td=""></td<></td>	0 0 .00 .00 .000 .00 1 1 .13 .13 .001 .13 1 2 72.20 36.10 .001 72.20 1 2 72.20 36.10 .001 72.20 0 0 .00 .00 .000 .00 0 0 .00 .00 .000 .00 1 1 145.00 145.00 .001 145.00 1 25 2,736.72 109.47 .018 2736.72 0 0 .00 .00 .000 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00	0 0 .00 .00 .000 .00 1 1 .13 .13 .001 .13 1 2 72.20 36.10 .001 72.20 1 2 72.20 36.10 .001 72.20 0 0 .00 .00 .000 .000 .00 0 0 .00 .00 .000 .00 .00 1 1 145.00 145.00 .001 145.00 1 25 2,736.72 109.47 .018 2736.72 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 <td< td=""></td<>

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 737 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 AMADOR COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - BLIND AID CODE 24

SUMMARI OF SERV	TCES FOR MIN - NO SOC	– פתווחם	AID CODE	2 1		
				MON	THLY AVERAG	GE
USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR DAYS OF CARE				USER	ELIGIBLE
6	94 \$				386.12	\$ 386.12
5	5 \$					\$ 20.39
3	3					12.02
3	3	72.11	24.04	.500	24.04	12.02
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
1	1	34.62	34.62	.167	34.62	5.77
1	1	34.62	34.62	.167	34.62	5.77
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
1	1	15.59	15.59	.167	15.59	2.60
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
3	9 \$	214.07	\$ 23.79	1.500 \$	71.36	\$ 35.68
3	9	214.07	23.79	1.500	71.36	35.68
0	0	.00	.00	.000	.00	.00
3	9	214.07	23.79	1.500	71.36	35.68
	USERS	USERS UNITS OF SERVICE OR DAYS OF CARE 6 94 \$ 5 5 \$ 3 3 3 3 3 0	OR DAYS OF CARE 6 94 \$ 2,316.70 5 5 \$ 122.32 3 3 72.11 3 72.11 0	USERS	USERS	USERS

MEDICAL SUPPLIES	0	0	.00		.00	.000	.00		.00
@DENTIST	1	13 \$	539.10	\$	41.47	2.167	\$ 539.10	\$	89.85
VISITS - DIAGNOSTIC	1	10	184.00		18.40	1.667	184.00		30.67
ORAL SURGERY	1	1	.00		.00	.167	.00		.00
DRUGS	0	0	.00		.00	.000	.00		.00
ANESTHESIA	0	0	.00		.00	.000	.00		.00
PERIODONTICS	0	0	.00		.00	.000	.00		.00
ENDODONTICS	1	1	215.00		215.00	.167	215.00		35.83
RESTORATIVE DENTISTRY	0	0	.00		.00	.000	.00		.00
PROSTHETICS	0	0	.00		.00	.000	.00		.00
DENTURES, STAYPLATES	0	0	.00		.00	.000	.00		.00
SPACE MAINTAINERS	0	0	.00		.00	.000	.00		.00
MAXILLOFACIAL SERVICES	1	1	140.10		140.10	.167	140.10		23.35
FRACTURES, DISLOCATIONS	0	0	.00		.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0	.00		.00	.000	.00		.00
ALL OTHER SERVICES	0	0	.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT R	REPORT	FOR JAN	2003 THRU	DEC 2003	PAGE	738
MOP024	FEE-FOR-SERVICE/DENTAL							0:	1/29/04
AMADOR COUNTY	SUMMARY OF SERVICES FO	OR MN - NO S	OC - BLIND		AID CODE	E 24			
						N	MONTHIV AVER	CF	

---- MONTHLY AVERAGE ----06 ELIGIBLES **USERS** UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE ELIGIBLE PER UNIT/DAY PER ELIG USER .00 0 .000 \$ @OPTOMETRIST 0 \$.00 .00 Ś .00 DIAGNOSTIC AND ANC. PROCED 0 0 .00 .00 .000 .00 .00 EYE APPLIANCES 0 0 .00 .00 .000 .00 .00 OTHER OPTOMETRIC SERVICES 0 .00 .00 .000 .00 .00 .000 .00 @CHIROPRACTOR 0 .00 \$.00 .00 0 .00 .00 .000 .00 VISITS .00 OTHER SERVICES .00 .00 .000 .00 .00 @PODIATRIST 1 55.00 55.00 .167 55.00 \$ 9.17 MEDICINE/INJECTIONS 55.00 55.00 .167 55.00 9.17 SURGERY/ANES. 0 .00 .00 .000 .00 .00 0 .00 .00 .000 .00 RADIO./PATHOLOGY .00 OTHER 0 .00 .00 .000 .00 .00 @HOME HEALTH AGENCY .00 .00 .000 .00 .00 NURSE ANESTHESIST .00 \$.00 .000 .00 .00 .00 .00 .000 .00 .00 NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER .00 .00 .000 .00 \$.00 0 FAMILY NURSE PRACTITIONER .00 \$.00 .000 .00 \$.00 106.26 26.57 35.42 17.71 @TOTAL HOSPITAL .667 HOSP INPATIENT TOTAL .00 .00 .000 .00 .00 HSC HOSPITALS .00 .00 .000 .00 .00 NON-HSC HOSPITAL TOTAL .00 .00 .000 .00 .00 ACCOMMODATIONS .00 .00 .000 .00 .00 ADMINISTRATIVE DAYS .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 TRANSITIONAL IP CARE .00 .00 .000 .00 .00 ALL OTHER ACCOM ANCILLARIES .00 .00 .000 .00 .00 .00 .00 .00 .00 INPATIENT CROSSOVERS .000 .00 .00 ALL OTHER INPATIENT .000 .00 .00 HOSP OUTPATIENT TOTAL 106.26 26.57 .667 35.42 17.71 MEDICAL .00 .00 .000 .00 .00 SURGERY 0 .00 .00 .000 .00 .00 PATHOLOGY .00 .00 .000 .00 .00 RADIOLOGY .00 .00 .000 .00 .00 97.93 .500 16.32 ROOM USE 32.64 32.64 CROSSOVERS/ALL OTH OUTPTNT 1 8.33 8.33 .167 8.33 1.39 0 .00 @COUNTY HOSPITAL TOTAL .00 .000 .00 \$.00 .000 .00 .00 .00 .00 CO HOSPITAL INPATIENT TOTAL HSC HOSPITALS .00 .00 .000 .00 .00

		•	2.2	2.0	200	0.0	2.2
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		AND EXPENDITURES MON					PAGE 739
MOP024	FEE-FOR-SERVICE/I				.005 111110 51	2005	01/29/04
AMADOR COUNTY		ES FOR MN - NO SOC -	- RI.TND	AID CODE	24		01/25/01
Thinboic Coonii	BOMMICT OF BLICVE	LIB TOR THE INC BOC	BEIND	THE CODE	MON'	THIV AVERA	TR
06 ELIGIBLES	USERS U	NITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
00 HHICIDHIB	OBLIND	OR DAYS OF CARE	DAI BINDI I OREB	PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3	4 \$	106.26	\$ 26.57	.667 \$	35.42	
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	Ô	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
	0	0	.00		.000		.00
INPATIENT CROSSOVERS	0	0		.00		.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	3	4	106.26	26.57	.667	35.42	17.71
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	U	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	3	3	97.93	32.64	.500	32.64	16.32
CROSSOVERS/ALL OTH OUTPTNT	1	1	8.33	8.33	.167	8.33	1.39
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	•
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$.00	\$.00	.000 \$.00	•
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0 \$.00	\$.00	.000 \$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
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@HEMODIALYSIS TOTAL

HEMODIALYSIS CENTER

@REHABILITATION FACILITY

HOSPITAL BASED INDEPENDENT FACILITY

@LABORATORY FACILITY

HOSPITAL BASED

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PATHOLOGY	0	0		.00		.00	.000	.00		.00
XO AND OTHERS	0	0		.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	4	10	\$	886.34	\$	88.63	1.667	\$ 221.59	\$	147.72
CLINIC	0	0		.00		.00	.000	.00		.00
SURGICENTER	1	7		268.34		38.33	1.167	268.34		44.72
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	3	3		618.00		206.00	.500	206.00		103.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITURE	S MONTH-OF	-PAYMENT RI	EPORT	FOR JAN	2003 THRU D	EC 2003	P	AGE 740
MOP024	FEE-FOR-SERVICE/DENTAL									01/29/04
AMADOR COUNTY	SUMMARY OF SERVICES FOR	MN - NO	SOC - BLIN	ID		AID CODE	24			
							MC	NTHLY AVERA	GE	
06 ELIGIBLES	USERS UNITS OF	F SERVICE	EXP	ENDITURES	AVE	RAGE COST	UNITS/DAYS	COST PER		COST PER
	OR DAY:	S OF CARE			PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@ALL OTHER PROVIDERS	2	52	\$	393.61	\$	7.57	8.667	\$ 196.81	\$	65.60
DURABLE MED. EQUIP.	0	0		.00		.00	.000	.00		.00
BLOOD BANK	0	0		.00		.00	.000	.00		.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	3	36.40	12.13	.500	36.40	6.07
PROSTHETICS	1	3	36.40	12.13	.500	36.40	6.07
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	2	49	357.21	7.29	8.167	178.61	59.54
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000	\$.00	\$.00
@* TOTALS IN THESE LINES ARE CIVEN	AC A CEDADATE	TNEODMATION ITEM ONLY:					

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 741
MOP024 FEE-FOR-SERVICE/DENTAL
AMADOR COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G

				MONTHLY AVERAGE					
1,180 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER		
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE		
@TOTAL, ALL PROVIDERS	939	26,019	\$ 552,791.82	\$ 21.25	22.050	\$ 588.70	\$ 468.47		
@PHYSICIANS SERVICES	231	678	\$ 17,965.09	\$ 26.50	.575	\$ 77.77	\$ 15.22		
OUTPATIENT VISITS	62	77	2,660.01	34.55	.065	42.90	2.25		
OFFICE VISITS	59	73	2,525.17	34.59	.062	42.80	2.14		
HOME VISITS	0	0	.00	.00	.000	.00	.00		
EMERGENCY ROOM	1	1	44.60	44.60	.001	44.60	.04		
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00		
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00		
OTHER OUTPATIENT	3	3	90.24	30.08	.003	30.08	.08		
INPATIENT VISITS	6	39	1,373.41	35.22	.033	228.90	1.16		
HOSPITAL VISITS	5	38	1,345.91	35.42	.032	269.18	1.14		
CRITICAL CARE	0	0	.00	.00	.000	.00	.00		
SNF/ICF/TRANS IP CARE	1	1	27.50	27.50	.001	27.50	.02		
OPHTHALMOLOGICAL SERVICES	5	5	272.59	54.52	.004	54.52	.23		
EXAMINATIONS	5	5	272.59	54.52	.004	54.52	.23		
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00		
INPATIENT HOSPITAL SURGERY	3	10	991.28	99.13	.008	330.43	.84		
PRINCIPAL SURGEON	3	3	738.61	246.20	.003	246.20	.63		
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00		
ANESTHESIOLOGIST	2	7	252.67	36.10	.006	126.34	.21		
OUTPATIENT SURGERY	16	39	4,779.25	122.54	.033	298.70	4.05		
PRINCIPAL SURGEON	16	21	4,375.20	208.34	.018	273.45	3.71		
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00		
ANESTHESIOLOGIST	2	18	404.05	22.45	.015	202.03	.34		

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

DIALYSIS	2	11		391.24		35.57	.009		195.62		.33
PATHOLOGY	4	8		348.23		43.53	.007		87.06		.30
RADIOLOGY	33	50		1,975.68		39.51	.042		59.87		1.67
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	7	25		72.38		2.90	.021		10.34		.06
OTHER SERVICES/ALL X-OVERS	145	414		5,101.02		12.32	.351		35.18		4.32
@PHARMACY	814	8,114	\$	325,781.24	\$	40.15	6.876	\$	400.22	\$	276.09
PRESCRIPTION DRUGS	810	3,454	•	322,241.26		93.30	2.927		397.83	-	273.09
SNF/ICF	26	223		19,335.77		86.71	.189		743.68		16.39
OUTPATIENTS	786	3,231		302,905.49		93.75	2.738		385.38		256.70
MEDICAL SUPPLIES	47	4,660		3,539.98		.76	3.949		75.32		3.00
@DENTIST	42	149	\$	7,037.00	\$	47.23	.126	\$	167.55	\$	5.96
VISITS - DIAGNOSTIC	24	96		1,356.00		14.13	.081		56.50		1.15
ORAL SURGERY	6	11		985.00		89.55	.009		164.17		.83
DRUGS	1	1		15.00		15.00	.001		15.00		.01
ANESTHESIA	1	1		100.00		100.00	.001		100.00		.08
PERIODONTICS	1	1		55.00		55.00	.001		55.00		.05
ENDODONTICS	2	3		690.00		230.00	.003		345.00		.58
RESTORATIVE DENTISTRY	16	29		3,036.00		104.69	.025		189.75		2.57
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	4	7		800.00		114.29	.006		200.00		.68
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITU	RES 1	MONTH-OF-PAYMENT RE	EPORT	FOR JAN	2003 THRU	DEC	2003	PΑ	GE 742
MOP024	FEE-FOR-SERVICE/DENT	AL									01/29/04
AMADOR COUNTY	SUMMARY OF SERVICES	FOR MN - N	10 SO	C - DISABLED 64 6	6G 6H	6U 6V 62					
							M	ONT	ILY AVERA	GE -	

						MO	Γ NC	THLY AVERA	GΕ	
1,180 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AV1	ERAGE COST	UNITS/DAYS	S	COST PER		COST PER
		OR DAYS OF CARE		PEI	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	24	63	\$ 1,281.64	\$	20.34	.053	\$	53.40	\$	1.09
DIAGNOSTIC AND ANC. PROCED	10	10	376.16		37.62	.008		37.62		.32
EYE APPLIANCES	17	49	832.87		17.00	.042		48.99		.71
OTHER OPTOMETRIC SERVICES	3	4	72.61		18.15	.003		24.20		.06
@CHIROPRACTOR	2	7	\$ 48.56	\$	6.94	.006	\$	24.28	\$.04
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	2	7	48.56		6.94	.006		24.28		.04
@PODIATRIST	17	18	\$ 383.15	\$	21.29	.015	\$	22.54	\$.32
MEDICINE/INJECTIONS	3	3	95.00		31.67	.003		31.67		.08
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	1	1	17.30		17.30	.001		17.30		.01
OTHER	14	14	270.85		19.35	.012		19.35		.23
@HOME HEALTH AGENCY	5	44	\$ 1,390.16	\$	31.59	.037	\$	278.03	\$	1.18
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	113	571	\$ 75,757.63	\$	132.68	.484	\$	670.42	\$	64.20
HOSP INPATIENT TOTAL	10	72	63,268.88		878.73	.061		6326.89		53.62
HSC HOSPITALS	2	30	36,885.00		1229.50	.025		18442.50		31.26
NON-HSC HOSPITAL TOTAL	4	13	22,376.82		1721.29	.011		5594.21		18.96
ACCOMMODATIONS	4	13	5,080.61		390.82	.011		1270.15		4.31
ADMINISTRATIVE DAYS	2	9	2,081.70		231.30	.008		1040.85		1.76
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	2	4	2,998.91		749.73	.003		1499.46		2.54
ANCILLARIES	4	0	17,296.21		.00	.000		4324.05		14.66
INPATIENT CROSSOVERS	5	29	4,007.06		138.17	.025		801.41		3.40
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00		.00

HOSP OUTPATIENT TOTAL	105	499	12,488.75	25.03	.423	118.94	10.58
MEDICAL	22	31	1,558.63	50.28	.026	70.85	1.32
SURGERY	8	8	430.54	53.82	.007	53.82	.36
PATHOLOGY	55	264	2,614.82	9.90	.224	47.54	2.22
RADIOLOGY	28	34	2,440.99	71.79	.029	87.18	2.07
ROOM USE	26	44	2,258.11	51.32	.037	86.85	1.91
CROSSOVERS/ALL OTH OUTPTNT	33	118	3,185.66	27.00	.100	96.54	2.70
@COUNTY HOSPITAL TOTAL	1	5	\$ 840.00	\$ 168.00	.004 \$	840.00	\$.71
CO HOSPITAL INPATIENT TOTAL	1	5	840.00	168.00	.004	840.00	.71
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	5	840.00	168.00	.004	840.00	.71
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
	MEDI-CAL SERVICES AND		S MONTH-OF-PAYMENT R	EPORT FOR JAN	2003 THRU DE	C 2003	PAGE 743
	FEE-FOR-SERVICE/DENTAL						01/29/04
AMADOR COUNTY	SUMMARY OF SERVICES FO	OR MN - NO S	SOC - DISABLED 64	6G 6H 6U 6V 6X			
					MON	THLY AVERA	GE

					MO	NIHLI AVERA	
1,180 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	112	566	\$ 74,917.63	\$ 132.36	.480	\$ 668.91	\$ 63.49
COMM HOSP INPATIENT TOTAL	9	67	62,428.88	931.77	.057	6936.54	52.91
HSC HOSPITALS	2	30	36,885.00	1229.50	.025	18442.50	31.26
NON-HSC HOSPITALS TOTAL	4	13	22,376.82	1721.29	.011	5594.21	18.96
ACCOMMODATIONS	4	13	5,080.61	390.82	.011	1270.15	4.31
ADMINISTRATIVE DAYS	2	9	2,081.70	231.30	.008	1040.85	1.76
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	4	2,998.91	749.73	.003	1499.46	2.54
ANCILLARIES	4	0	17,296.21	.00	.000	4324.05	14.66
INPATIENT CROSSOVERS	4	24	3,167.06	131.96	.020	791.77	2.68
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	105	499	12,488.75	25.03	.423	118.94	10.58
MEDICAL	22	31	1,558.63	50.28	.026	70.85	1.32
SURGERY	8	8	430.54	53.82	.007	53.82	.36
PATHOLOGY	55	264	2,614.82	9.90	.224	47.54	2.22
RADIOLOGY	28	34	2,440.99	71.79	.029	87.18	2.07
ROOM USE	26	44	2,258.11	51.32	.037	86.85	1.91
CROSSOVERS/ALL OTH OUTPTNT	33	118	3,185.66	27.00	.100	96.54	2.70
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	11	383	\$ 47,340.02	\$ 123.60	.325	\$ 4303.64	\$ 40.12
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	11	383	47,340.02	123.60	.325	4303.64	40.12
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00

ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	1	13	\$	1,765.49	\$	135.81	.011	\$	1765.49	\$	1.50
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	1	13		1,765.49		135.81	.011		1765.49		1.50
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	19	61	\$	926.30	\$	15.19	.052	\$	48.75	\$.79
PATHOLOGY	15	53		881.79		16.64	.045		58.79		.75
XO AND OTHERS	4	8		44.51		5.56	.007		11.13		.04
@ORGANIZED OUTPATIENT CLINIC	224	375	\$	44,372.19	\$	118.33	.318	\$	198.09	\$	37.60
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	1	1		199.88		199.88	.001		199.88		.17
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	223	374		44,172.31		118.11	.317		198.08		37.43
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITU	RES M	IONTH-OF-PAYMENT R	EPORT	FOR JAN	2003 THRU I	DEC	2003	Ρź	AGE 744
MOP024	FEE-FOR-SERVICE/DENTA	L									01/29/04
AMADOR COUNTY	SUMMARY OF SERVICES F	OR MN - N	O SOC	C - DISABLED 64	6G 6H	1 6U 6V 6X	8G				

----- MONTHLY AVERAGE -----1,180 ELIGIBLES UNITS OF SERVICE EXPENDITURES USERS AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 28,743.35 \$ 1.85 13.172 \$ 322.96 \$ 24.36 @ALL OTHER PROVIDERS 89 15,543 \$.005 .000 .000 .242 .090 3 5,431.51 905.25 .00 .00 .00 .00 3,623.75 12.67 1,547.38 14.60 6 0 1810.50 DURABLE MED. EQUIP. 4.60 .00 BLOOD BANK .00 0 286 HEARING AID DISPENSERS 0 .00 11 106 329.43 MEDICAL TRANSPORTATION 3.07 AMBULANCES/AIR TRANS 309.48

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 OTHER TRANS 90.33 .15 OTHER SERVICES 115 379.14 1.61 0 .00 .00 ACUPUNCTURE .00 ADULT DAY HEALTH CARE CTR 0 .00 .00 GENETIC DISEASE TESTING .00 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .00 OCCUPATIONAL THERAPIST .00 .00 41 23.66 OPTICIAN .40 .56 .00 PHYSICAL THERAPIST .00 PORTABLE X-RAY 0 .00 3588.06 3588.06 10,764.19 PROSTHETIST/ORTHOTISTS 48 9.12 PROSTHETICS 48 9.12 ORTHOTICS 0 .00 .00 PSYCHOLOGIST 6.08 .01 71.81 SPEECH AND AUDIOLOGY .06 0 0 .00 HOSPICE SERVICES .00 0 3,209 NONINST BIRTHING CENTERS .00 600.98 LOCAL EDUCATION AGENCIES 0 .000 EPSDT SUPPLEMENTAL SERVICE .00 .00 0 .00 .00 .00 .00 3,564.38 .30 .000 .00 RESPIRATORY CARE PRACT. .00 0 11,944 .000 PED SUBACUTE REHAB/WEANING 0 .00 .00 53 3 188 ALL OTHER PROVIDERS 10.122 67.25 3.02 1,400.45 \$ @CALIF. CHILDREN SERVICES* 10 140.05 .008 \$ 466.82 \$ 1.19 @XOVER EXCLUDING STATE HOSP** ÷ 5,302 15,233.56 \$ 2.87 4.493 \$ 81.03 \$ 12.91

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 745 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 AMADOR COUNTY

15,251 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	7,163	42,032	\$ 2,363,728.63	\$ 56.24	2.756	\$ 329.99	\$ 154.99
@PHYSICIANS SERVICES	2,152	6,701	\$ 269,178.15	\$ 40.17	.439	\$ 125.08	\$ 17.65
OUTPATIENT VISITS	1,351	1,854	68,859.80	37.14	.122	50.97	4.52
OFFICE VISITS	1,163	1,498	48,610.68	32.45	.098	41.80	3.19
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	82	84	4,627.57	55.09	.006	56.43	.30
PREVENTIVE CARE	5	5	265.18	53.04	.000	53.04	.02
OB VISITS/COMPRE PERI	99	209	13,687.90	65.49	.014	138.26	.90
OTHER OUTPATIENT	47	58	1,668.47	28.77	.004	35.50	.11
INPATIENT VISITS	109	298	17,258.68	57.92	.020	158.34	1.13
HOSPITAL VISITS	100	257	11,770.69	45.80	.017	117.71	.77
CRITICAL CARE	11	38	5,366.69	141.23	.002	487.88	.35
SNF/ICF/TRANS IP CARE	2	3	121.30	40.43	.000	60.65	.01
OPHTHALMOLOGICAL SERVICES	6	6	258.20	43.03	.000	43.03	.02

EXAMINATIONS	6	6		258.20	43.03	.000		43.03		.02
SERVICES AND MATERIALS	0	0		.00	.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	134	1,588		84,300.43	53.09	.104		629.11		5.53
PRINCIPAL SURGEON	90	107		71,619.82	669.34	.007		795.78		4.70
ASSISTANT SURGEON	14	14		2,661.02	190.07	.001		190.07		.17
ANESTHESIOLOGIST	47	1,467		10,019.59	6.83	.096		213.18		.66
OUTPATIENT SURGERY	206	614		35,099.07	57.16	.040		170.38		2.30
PRINCIPAL SURGEON	170	207		27,753.89	134.08	.014		163.26		1.82
ASSISTANT SURGEON	3	3		491.02	163.67	.000		163.67		.03
ANESTHESIOLOGIST	53	404		6,854.16	16.97	.026		129.32		.45
DIALYSIS	0	0		.00	.00	.000		.00		.00
PATHOLOGY	196	315		7,888.39	25.04	.021		40.25		.52
RADIOLOGY	650	1,009		31,976.57	31.69	.066		49.19		2.10
PSYCHIATRY	0	2,000		.00	.00	.000		.00		.00
IMMUNIZATION AND INJECTION	50	176		5,218.81	29.65	.012		104.38		.34
OTHER SERVICES/ALL X-OVERS	227	841		18,318.20	21.78	.055		80.70		1.20
@PHARMACY	3,767	10,316	\$	521,383.80	\$ 50.54	.676	Ś	138.41	Ġ	34.19
PRESCRIPTION DRUGS	3,748	9,274	т.	515,674.59	55.60	.608	т.	137.59	-	33.81
SNF/ICF	4	15		289.35	19.29	.001		72.34		.02
OUTPATIENTS	3,747	9,259		515,385.24	55.66	.607		137.55		33.79
MEDICAL SUPPLIES	72	1,042		5,709.21	5.48	.068		79.29		.37
@DENTIST	508	2,431	\$	104,805.47	\$ 43.11		\$	206.31	Ġ	6.87
VISITS - DIAGNOSTIC	326	1,460	•	22,876.40	15.67	.096		70.17	•	1.50
ORAL SURGERY	59	149		11,115.50	74.60	.010		188.40		.73
DRUGS	5	9		30.00	3.33	.001		6.00		.00
ANESTHESIA	3	3		300.00	100.00	.000		100.00		.02
PERIODONTICS	9	9		1,341.00	149.00	.001		149.00		.09
ENDODONTICS	63	129		23,055.00	178.72	.008		365.95		1.51
RESTORATIVE DENTISTRY	194	603		41,053.50	68.08	.040		211.62		2.69
PROSTHETICS	2	2		30.00	15.00	.000		15.00		.00
DENTURES, STAYPLATES	6	10		2,255.00	225.50	.001		375.83		.15
SPACE MAINTAINERS	1	1		111.00	111.00	.000		111.00		.01
MAXILLOFACIAL SERVICES	1	1		98.07	98.07	.000		98.07		.01
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000		.00		.00
ORTHODONTIC SERVICES	41	45		2,540.00	56.44	.003		61.95		.17
ALL OTHER SERVICES	9	10		.00	.00	.001		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	RES MC	NTH-OF-PAYMENT R	EPORT FOR JAN	2003 THRU	DEC	2003	P.F	AGE 746
MOP024	FEE-FOR-SERVICE	/DENTAL								01/29/04
AMADOR COUNTY	SUMMARY OF SERV	ICES FOR MN-NOS	OC-FAM	1 34 39 3N 3T 3V	54 59 5J 5W-5	Y 6J 7J 7K				
						M	ONTI	HLY AVERA	GE -	
15.251 ELIGIBLES	USERS	UNITS OF SERVICE	₹.	EXPENDITURES	AVERAGE COS	T UNITS/DAY	S (COST PER	C	COST PER

15,251 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES		ERAGE COST R UNIT/DAY	UNITS/DAY		COST PER USER		COST PER ELIGIBLE
@OPTOMETRIST	202	450	Ś	11,210.65	\$	24.91	.030			Ġ	.74
DIAGNOSTIC AND ANC. PROCED	137	137	т	6,356.40	т	46.40	.009	т.	46.40	т.	.42
EYE APPLIANCES	98	275		4,106.62		14.93	.018		41.90		.27
OTHER OPTOMETRIC SERVICES	30	38		747.63		19.67	.002		24.92		.05
@CHIROPRACTOR	14	16	\$	267.52	\$	16.72	.001	\$	19.11	\$.02
VISITS	14	16		267.52		16.72	.001		19.11		.02
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	21	27	\$	1,005.02	\$	37.22	.002	\$	47.86	\$.07
MEDICINE/INJECTIONS	15	17		703.40		41.38	.001		46.89		.05
SURGERY/ANES.	5	7		245.62		35.09	.000		49.12		.02
RADIO./PATHOLOGY	2	2		34.60		17.30	.000		17.30		.00
OTHER	1	1		21.40		21.40	.000		21.40		.00
@HOME HEALTH AGENCY	6	37	\$	2,501.44	\$	67.61	.002	\$	416.91	\$.16
NURSE ANESTHESIST	1	26	\$	396.16	\$	15.24	.002	\$	396.16	\$.03
NURSE MIDWIFE	4	41	\$	1,417.84	\$	34.58	.003	\$	354.46	\$.09
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	2	7	\$	165.50	\$	23.64	.000	\$	82.75	\$.01
@TOTAL HOSPITAL	2,110	8,903	\$	938,015.56	\$	105.36	.584	\$	444.56	\$	61.51

HOSP INPATIENT TOTAL	118	460	680,533.34	1479.42	.030	5767.23	44.62
HSC HOSPITALS	43	143	162,920.69	1139.31	.009	3788.85	10.68
NON-HSC HOSPITAL TOTAL	78	317	516,772.65	1630.20	.021	6625.29	33.88
ACCOMMODATIONS	77	317	162,307.51	512.01	.021	2107.89	10.64
ADMINISTRATIVE DAYS	1	4	925.20	231.30	.000	925.20	.06
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	76	313	161,382.31	515.60	.021	2123.45	10.58
ANCILLARIES	78	0	354,465.14	.00	.000	4544.42	23.24
INPATIENT CROSSOVERS	1	0	840.00	.00	.000	840.00	.06
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	2,051	8,443	257,482.22	30.50	.554	125.54	16.88
MEDICAL	990	1,612	70,634.81	43.82	.106	71.35	4.63
SURGERY	90	106	4,939.10	46.60	.007	54.88	.32
PATHOLOGY	726	3,002	33,298.17	11.09	.197	45.87	2.18
RADIOLOGY	559	788	57,560.07	73.05	.052	102.97	3.77
ROOM USE	1,195	1,692	66,236.13	39.15	.111	55.43	4.34
CROSSOVERS/ALL OTH OUTPTNT	491	1,243	24,813.94	19.96	.082	50.54	1.63
@COUNTY HOSPITAL TOTAL	13	43 \$	9,162.24	\$ 213.08	.003		\$.60
CO HOSPITAL INPATIENT TOTAL	2	7	7,363.00	1051.86	.000	3681.50	.48
HSC HOSPITALS	2	, 7	7,363.00	1051.86	.000	3681.50	.48
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	11	36	1,799.24	49.98	.002	163.57	.12
MEDICAL	4	4	112.39	28.10	.000	28.10	.01
SURGERY	2	2	86.33	43.17	.000	43.17	.01
PATHOLOGY	3	16	254.52	15.91	.001	84.84	.02
RADIOLOGY	1	2	97.99	49.00	.000	97.99	.01
ROOM USE	6	8	249.19	31.15	.001	41.53	.02
CROSSOVERS/ALL OTH OUTPTNT	4	4	998.82	249.71	.000	249.71	.07
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITURES MO					PAGE 747
MOP024	FEE-FOR-SERVICE/		01.111 01 11111111111111111111111111111	0111	1000 111110 21		01/29/04
AMADOR COUNTY		CES FOR MN-NOSOC-FAI	м 34 39 3N 3T 3V	54 59 5T 5W-5Y	6л 7л 7к		01/25/01
111111111111111111111111111111111111111		022 1011 111 110200 111	31 33 31 31 31	01 07 00 011 01	MON	THLY AVERA	GE
15,251 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	-	COST PER	COST PER
10,201 221222	32213	OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2,101	8,860 \$	928,853.32	\$ 104.84	.581		
	-,	0,000 Y	, 20,000.02	-T = 0 1 . 0 1		,	.,

15,251 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY		COST PER USER	COST PER
@COMMUNITY HOSPITAL TOTAL	2,101	8,860	\$ 928,853.32	\$ 104.84	.581		\$ ELIGIBLE 60.90
COMM HOSP INPATIENT TOTAL	116	453	673,170.34	1486.03	.030	5803.19	44.14
HSC HOSPITALS	41	136	155,557.69	1143.81	.009	3794.09	10.20
NON-HSC HOSPITALS TOTAL	78	317	516,772.65	1630.20	.021	6625.29	33.88
ACCOMMODATIONS	77	317	162,307.51	512.01	.021	2107.89	10.64
ADMINISTRATIVE DAYS	1	4	925.20	231.30	.000	925.20	.06
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	76	313	161,382.31	515.60	.021	2123.45	10.58
ANCILLARIES	78	0	354,465.14	.00	.000	4544.42	23.24
INPATIENT CROSSOVERS	1	0	840.00	.00	.000	840.00	.06
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	2,044	8,407	255,682.98	30.41	.551	125.09	16.76
MEDICAL	987	1,608	70,522.42	43.86	.105	71.45	4.62
SURGERY	88	104	4,852.77	46.66	.007	55.15	.32
PATHOLOGY	723	2,986	33,043.65	11.07	.196	45.70	2.17
RADIOLOGY	558	786	57,462.08	73.11	.052	102.98	3.77
ROOM USE	1,190	1,684	65,986.94	39.18	.110	55.45	4.33
CROSSOVERS/ALL OTH OUTPINT	489	1,239	23,815.12	19.22	.081	48.70	1.56
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00

MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	4	52	\$	9,392.10	\$	180.62	.003	\$	2348.03	\$.62
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	4	52		9,392.10		180.62	.003		2348.03		.62
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	2	3	\$	130.50	\$	43.50	.000	\$	65.25	\$.01
HOSPITAL BASED	2	3		130.50		43.50	.000		65.25		.01
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	390	1,261	\$	23,905.97	\$	18.96	.083	\$	61.30	\$	1.57
PATHOLOGY	389	1,260		23,861.34		18.94	.083		61.34		1.56
XO AND OTHERS	1	1		44.63		44.63	.000		44.63		.00
@ORGANIZED OUTPATIENT CLINIC	1,686	2,464	\$	408,605.72	\$	165.83	.162	\$	242.35	\$	26.79
CLINIC	31	107		4,256.03		39.78	.007		137.29		.28
SURGICENTER	12	92		2,894.15		31.46	.006		241.18		.19
HEROIN DETOX CLINIC	3	21		269.43		12.83	.001		89.81		.02
RURAL HEALTH CLINIC	1,645	2,244		401,186.11		178.78	.147		243.88		26.31
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	_	JRES MC	NTH-OF-PAYMENT RE	EPOR:	r for Jan	2003 THRU	DEC	2003	PI	AGE 748
MOP024	FEE-FOR-SERVICE/DENTA										01/29/04
AMADOR COUNTY	SUMMARY OF SERVICES F	FOR MN-NOS	OC-FAM	1 34 39 3N 3T 3V 5	54 59	9 5J 5W-5Y	6J 7J 7K				

----- MONTHLY AVERAGE -----

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15,251 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER PER UNIT/DAY PER ELIG ELIGIBLE OR DAYS OF CARE USER @ALL OTHER PROVIDERS 871 9,297 71,347.23 7.67 .610 \$ 81.91 \$ 4.68 \$ DURABLE MED. EQUIP. 38 115 7,953.15 69.16 .008 209.29 .52 .00 BLOOD BANK 0 0 .00 .000 .00 .00 2 2 1,318.17 659.09 .000 659.09 .09 HEARING AID DISPENSERS MEDICAL TRANSPORTATION 105 1,634 14,622.81 8.95 .107 139.26 .96 103 14,520.88 140.98 AMBULANCES/AIR TRANS 1,597 9.09 .105 .95 8 75.80 1 75.80 9.48 .001 .00 OTHER TRANS OTHER SERVICES 1 29 26.13 .90 .002 26.13 .00 27.03 ACUPUNCTURE 1 27.03 27.03 .000 .00 .000 ADULT DAY HEALTH CARE CTR 0 0 .00 .00 .00 .00 105.00 GENETIC DISEASE TESTING 31 31 3,255.00 105.00 .002 .21 IHMC, MODEL-NF, NF, AIDS, MSSP 0 .00 .00 .000 .00 .00 0 0 .00 .00 .000 .00 .00 OCCUPATIONAL THERAPIST OPTICIAN 112 248 2,234.72 9.01 .016 19.95 .15 PHYSICAL THERAPIST 0 0 .00 .00 .000 .00 .00 2 60.26 .000 60.26 .00 PORTABLE X-RAY 30.13 10 614.04 102.34 PROSTHETIST/ORTHOTISTS 61.40 .001 .04 PROSTHETICS 221.21 55.30 .000 221.21 .01 ORTHOTICS 392.83 65.47 .000 78.57 .03 PSYCHOLOGIST 0 .00 .00 .000 .00 .00 SPEECH AND AUDIOLOGY 277.72 46.29 .000 92.57 .02 HOSPICE SERVICES .00 .00 .000 .00 .00 1,046.55 1046.55 .000 1046.55 .07 NONINST BIRTHING CENTERS 9.46 LOCAL EDUCATION AGENCIES 560 3,965 37,505.18 .260 66.97 2.46

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EPSDT SUPPLEMENTAL SERVICE

PED SUBACUTE REHAB/WEANING

RESPIRATORY CARE PRACT.

ALL OTHER PROVIDERS	24	3,282	2,432.60	.74	.215	101.36	.16
@CALIF. CHILDREN SERVICES*	68	324	\$ 45,331.20	\$ 139.91	.021	\$ 666.64	\$ 2.97
@XOVER EXCLUDING STATE HOSP**	32	118	\$ 2,160.78	\$ 18.31	.008	\$ 67.52	\$.14

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 749
MOP024 FEE-FOR-SERVICE/DENTAL
AMADOR COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - TOTAL

AMADOR COUNTY	SUMMARY OF SERV	ICES FOR MIN - NO	50C -	TOTAL		MON	miii 37 - 337555 3	αE	
17 001 FLIGTRING	HGEDG	INITES OF SERVICE			ALTERA CEL COCE	MON			
17,821 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST				COST PER
	9,199	OR DAYS OF CARE	_	2 221 422 22	PER UNIT/DAY		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	9,199		\$	3,301,420.39	\$ 42.95	4.313 \$	358.89	Ş	185.25
@PHYSICIANS SERVICES	2,601 1,416 1,225		\$		\$ 34.56	.491 \$		Ş	16.98
OUTPATIENT VISITS	1,416	1,934		71,591.92	37.02	.109	50.56		4.02
OTITCE VIBITE	1,225	1,574		51,207.96	32.53	.088	41.80		2.87
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	83	85		4,672.17	54.97	.005	56.29		. 26
PREVENTIVE CARE	5	5		265.18	53.04	.000	53.04		.01
OB VISITS/COMPRE PERI	99	209		13,687.90	65.49	.012	138.26		.77
OTHER OUTPATIENT	50	61		1,758.71	28.83	.003	35.17		.10
INPATIENT VISITS	115	337		18,632.09	55.29	.019	162.02		1.05
HOSPITAL VISITS	105	295		13,116.60	44.46	.017	124.92		.74
CRITICAL CARE	11	38		5,366.69	141.23	.002	487.88		.30
SNF/ICF/TRANS IP CARE	3	4		148.80	37.20	.000	49.60		.01
OPHTHALMOLOGICAL SERVICES	11	11		530.79	48.25	.001	48.25		.03
EXAMINATIONS	11	11		530.79	48.25	.001	48.25		.03
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	137	1,598		85,291.71	53.37	.090	622.57		4.79
PRINCIPAL SURGEON	93	110		72,358.43	657.80	.006	778.05		4.06
ASSISTANT SURGEON	14	14		2,661.02	190.07	.001	190.07		.15
ANESTHESIOLOGIST	49	1,474		10,272.26	6.97	.083	209.64		.58
OUTPATIENT SURGERY	223	654		39,912.94	61.03	.037	178.98		2.24
PRINCIPAL SURGEON	187	229		32,163.71	140.45	.013	172.00		1.80
ASSISTANT SURGEON	3	3		491.02	163.67	.000	163.67		.03
ANESTHESIOLOGIST	55	422		7,258.21	17.20	.024	131.97		.41
DIALYSIS	2	11		391.24	35.57	.001	195.62		.02
PATHOLOGY	200	323		8,236.62	25.50	.018	41.18		.46
RADIOLOGY	687	1,063		34,036.18	32.02	.060	49.54		1.91
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	57	201		5,291.19	26.32	.011	92.83		.30
OTHER SERVICES/ALL X-OVERS	582	2,623		38,637.65	14.73	.147	66.39		2.17
@PHARMACY	5,510	22,189	Ś		\$ 48.51	1.245 \$		Ś	60.41
PRESCRIPTION DRUGS	5,483	16,324	Τ	1,064,963.81	65.24	.916	194.23	Ψ.	59.76
SNF/ICF	46	346		24,316.12	70.28	.019	528.61		1.36
OUTPATIENTS		15,978		1,040,647.69	65.13	.897	191.19		58.39
MEDICAL SUPPLIES	5,443 152 582 366	5,865		11,527.07	1.97	.329	75.84		.65
@DENTIST	582		\$		\$ 43.86	.152 \$		Ś	6.68
VISITS - DIAGNOSTIC	366	1,639	Υ	25,124.40	15.33	.092	68.65	٧	1.41
ORAL SURGERY	70	176		13,067.50	74.25	.010	186.68		.73
DRUGS	6	10		45.00	4.50	.001	7.50		.00
ANESTHESIA	4	4		400.00	100.00	.000	100.00		.02
PERIODONTICS	11	11		1,514.00	137.64	.001	137.64		.08
ENDODONTICS ENDODONTICS	66	133		23,960.00	180.15	.007	363.03		1.34
RESTORATIVE DENTISTRY	216	641		45,093.50	70.35	.036	208.77		2.53
PROSTHETICS	3	3		60.00	20.00	.000	20.00		.00
DENTURES, STAYPLATES	20	34		6,870.00	202.06	.002	343.50		.39
SPACE MAINTAINERS	1	1		111.00	111.00	.002	111.00		.01
MAXILLOFACIAL SERVICES	7	2		238.17	111.00	.000	119.09		.01
	0	0		.00	.00	.000	.00		.01
FRACTURES, DISLOCATIONS	U	U		.00	.00	.000	.00		.00

ORTHODONTIC SERVICES ALL OTHER SERVICES	41 11	45 15		2,540.00 .00		56.44 .00	.003 .001	61.95 .00		.14
#CALIF DEPT OF HEALTH SERV		-	RES N	MONTH-OF-PAYMENT RE	EPORT	FOR JAN 2	2003 THRU DE	C 2003	P	PAGE 750
MOP024	FEE-FOR-SERVICE	•								01/29/04
AMADOR COUNTY	SUMMARY OF SERV	ICES FOR MN - NO) SO	C - TOTAL						
							MON	THLY AVERA	GΕ	
17,821 ELIGIBLES	USERS	UNITS OF SERVICE	C	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE	C		PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@OPTOMETRIST	273	598	\$	14,240.65	\$	23.81	.034 \$	52.16	\$.80
DIAGNOSTIC AND ANC. PROCED	163	163		6,984.59		42.85	.009	42.85		.39
EYE APPLIANCES	140	387		6,103.01		15.77	.022	43.59		.34
OTHER OPTOMETRIC SERVICES	42	48		1,153.05		24.02	.003	27.45		.06
@CHIROPRACTOR	17	24	\$	332.80	\$	13.87	.001 \$	19.58	\$.02
VISITS	14	16		267.52		16.72	.001	19.11		.02
OTHER SERVICES	3	8		65.28		8.16	.000	21.76		.00
@PODIATRIST	62	81	\$	1,732.08	\$	21.38	.005 \$	27.94	\$.10

MEDICINE/INJECTIONS	19	21	853.40	40.64	.001	44.92	.05
SURGERY/ANES.	5	7	245.62	35.09	.000	49.12	.01
RADIO./PATHOLOGY	3	3	51.90	17.30	.000	17.30	.00
OTHER	38	50	581.16	11.62	.003	15.29	.03
@HOME HEALTH AGENCY	11	81 \$	3,891.60	\$ 48.04	.005 \$	353.78	\$.22
NURSE ANESTHESIST	1	26 \$	396.16	\$ 15.24	.001 \$	396.16	\$.02
NURSE MIDWIFE	4	41 \$	1,417.84	\$ 34.58	.002 \$	354.46	\$.08
PEDIATRIC NURSE PRACTITIONER		0 \$.00	\$.00	.000 \$.00	\$.00
FAMILY NURSE PRACTITIONER	2	7 \$	165.50	\$ 23.64	.000 \$	82.75	\$.01
@TOTAL HOSPITAL	2,274	9,775 \$	1,048,133.58	\$ 107.23	.549 \$	460.92	\$ 58.81
HOSP INPATIENT TOTAL	145	662	774,033.46	1169.23	.037	5338.16	43.43
HSC HOSPITALS	45	173	199,805.69	1154.95	.010	4440.13	11.21
NON-HSC HOSPITAL TOTAL	82	330	539,149.47	1633.79	.019	6574.99	30.25
ACCOMMODATIONS	81	330	167,388.12	507.24	.019	2066.52	9.39
ADMINISTRATIVE DAYS	3	13	3,006.90	231.30	.001	1002.30	.17
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	78	317	164,381.22	518.55	.018	2107.45	9.22
ANCILLARIES	82	0	371,761.35	.00	.000	4533.68	20.86
INPATIENT CROSSOVERS	23	159	35,078.30	220.62	.009	1525.14	1.97
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	23 0 2,191 1,012	9,113	274,100.12	30.08	.511	125.10	15.38
MEDICAL	1,012	1,643	72,193.44	43.94	.092	71.34	4.05
SURGERY	98	114	5,369.64	47.10	.006	54.79	.30
PATHOLOGY	782	3,273	36,002.54	11.00	.184	46.04	2.02
RADIOLOGY	589	824	60,116.28	72.96	.046	102.06	3.37
ROOM USE	1,224	1,739	68,592.17	39.44	.098	56.04	3.85
CROSSOVERS/ALL OTH OUTPTNT	1,224 554	1,739 1,520	31,826.05	20.94	.085	57.45	1.79
@COUNTY HOSPITAL TOTAL	14	48 \$	10,002.24	\$ 208.38		714.45	\$.56
CO HOSPITAL INPATIENT TOTAL	3	12	8,203.00	683.58	.001	2734.33	.46
HSC HOSPITALS	2	7	7,363.00	1051.86	.000	3681.50	.41
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0 0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0 5	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	5	840.00	168.00	.000	840.00	.05
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	11	36	1,799.24	49.98	.002	163.57	.10
MEDICAL	4	4	112.39	28.10	.000	28.10	.01
SURGERY	2	2	86.33	43.17	.000	43.17	.00
PATHOLOGY	3	16	254.52	15.91	.001	84.84	.01
RADIOLOGY	1	2	97.99	49.00	.000	97.99	.01
ROOM USE	6	8	249.19	31.15	.000	41.53	.01
CROSSOVERS/ALL OTH OUTPTNT	4	4	998.82	249.71	.000	249.71	.06
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES MO	NTH-OF-PAYMENT R	EPORT FOR JAN 2	2003 THRU DEC	2003	PAGE 751
MOP024	FEE-FOR-SERVICE	C/DENTAL					01/29/04
AMADOR COUNTY	SUMMARY OF SERV	VICES FOR MN - NO SOC	- TOTAL				
					MONT	HLY AVERA	GE
17,821 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2,264	9,727 \$	1,038,131.34	\$ 106.73	.546 \$	458.54	\$ 58.25
COMM HOSP INPATIENT TOTAL	142	650	765,830.46	1178.20	.036	5393.17	42.97
HSC HOSPITALS	43	166	192,442.69	1159.29	.009	4475.41	10.80
NON UCC HOCDITALC TOTAL	0.2	220	E20 1/0 /7	1622 70	010	6574 00	20 25

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NON-HSC HOSPITALS TOTAL

ADMINISTRATIVE DAYS

TRANSITIONAL IP CARE

ACCOMMODATIONS

ANCILLARIES

ALL OTHER ACCOM

INPATIENT CROSSOVERS	22	154		34,238.30		222.33	.009		1556.29		1.92
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	2,184	9,077		272,300.88		30.00	.509		124.68		15.28
MEDICAL	1,009	1,639		72,081.05		43.98	.092		71.44		4.04
SURGERY	96	112		5,283.31		47.17	.006		55.03		.30
PATHOLOGY	779	3,257		35,748.02		10.98	.183		45.89		2.01
RADIOLOGY	588	822		60,018.29		73.01	.046		102.07		3.37
ROOM USE	1,219	1,731		68,342.98		39.48	.097		56.06		3.83
CROSSOVERS/ALL OTH OUTPTNT	552	1,516		30,827.23		20.33	.085		55.85		1.73
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	35	748	\$	106,752.22	\$	142.72	.042	\$	3050.06	\$	5.99
LEV A-INTERMEDIATE	0	0	•	.00	•	.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	35	748		106,752.22		142.72	.042		3050.06		5.99
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	•	.00	•	.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	2	42	\$	1,995.75	\$	47.52	.002	\$	997.88	\$.11
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	2	42		1,995.75		47.52	.002		997.88		.11
@REHABILITATION FACILITY	2	3	\$	130.50	\$	43.50	.000	\$	65.25	\$.01
HOSPITAL BASED	2	3		130.50		43.50	.000		65.25		.01
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	412	1,348	\$	24,900.59	\$	18.47	.076	\$	60.44	\$	1.40
PATHOLOGY	405	1,337		24,799.21		18.55	.075		61.23		1.39
XO AND OTHERS	7	11		101.38		9.22	.001		14.48		.01
@ORGANIZED OUTPATIENT CLINIC	2,088	3,115	\$	477,307.81	\$	153.23	.175	\$	228.60	\$	26.78
CLINIC	31	107		4,256.03		39.78	.006		137.29		.24
SURGICENTER	16	102		3,765.43		36.92	.006		235.34		.21
HEROIN DETOX CLINIC	3	21		269.43		12.83	.001		89.81		.02
RURAL HEALTH CLINIC	2,044	2,885		469,016.92		162.57	.162		229.46		26.32
#CALIF DEPT OF HEALTH SERV		S AND EXPENDITU	RES M	IONTH-OF-PAYMENT RI	EPORT	r for Jan	2003 THRU	DEC	2003	PI	AGE 752
MOP024	FEE-FOR-SERVICE/	DENTAL									01/29/04
AMADOR COUNTY	SUMMARY OF SERVI	CES FOR MN - N	o soc	- TOTAL							
]	TNON	HLY AVERA	GE -	
17 001 ELICIDIEC	TICEDO	INTER OF CERTIFO	TO .	EADEMDIAIDEG	7/ 7/ 7		TINTETIC /DAY	7.0	COCH DED		משת ההס

							-
17,821 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	1,117	27,322 \$	121,956.53	\$ 4.46	1.533	\$ 109.18	\$ 6.84
DURABLE MED. EQUIP.	44	124	13,593.74	109.63	.007	308.95	.76
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	4	4	2,361.79	590.45	.000	590.45	.13
MEDICAL TRANSPORTATION	127	2,215	19,631.28	8.86	.124	154.58	1.10
AMBULANCES/AIR TRANS	108	1,703	16,068.26	9.44	.096	148.78	.90
OTHER TRANS	9	209	1,284.34	6.15	.012	142.70	.07
OTHER SERVICES	12	303	2,278.68	7.52	.017	189.89	.13
ACUPUNCTURE	1	1	27.03	27.03	.000	27.03	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	31	31	3,255.00	105.00	.002	105.00	.18
IHMC, MODEL-NF, NF, AIDS, MSSP	35	272	11,971.41	44.01	.015	342.04	.67
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	159	350	3,420.08	9.77	.020	21.51	.19
PHYSICAL THERAPIST	1	6	.56	.09	.000	.56	.00
PORTABLE X-RAY	2	3	60.39	20.13	.000	30.20	.00
PROSTHETIST/ORTHOTISTS	11	63	11,486.83	182.33	.004	1044.26	.64

PROSTHETICS	6	57	11,094.00	194.63	.003	1849.0)	.62
ORTHOTICS	5	6	392.83	65.47	.000	78.5	7	.02
PSYCHOLOGIST	1	1	6.08	6.08	.000	6.0	3	.00
SPEECH AND AUDIOLOGY	5	9	494.53	54.95	.001	98.9	1	.03
HOSPICE SERVICES	1	25	2,736.72	109.47	.001	2736.7	2	.15
NONINST BIRTHING CENTERS	1	1	1,046.55	1046.55	.000	1046.5	5	.06
LOCAL EDUCATION AGENCIES	570	7,223	42,670.19	5.91	.405	74.8	5	2.39
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00)	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00)	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00)	.00
ALL OTHER PROVIDERS	162	16,994	9,194.35	.54	.954	56.7	5	.52
@CALIF. CHILDREN SERVICES*	71	334	\$ 46,731.65	\$ 139.92	.019	\$ 658.19	9 \$	2.62
@XOVER EXCLUDING STATE HOSP**	547	7,504	\$ 86,995.20	\$ 11.59	.421	\$ 159.0	4 \$	4.88

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 FEE-FOR-SERVICE/DENTAL

PAGE 753 01/29/04

AMADOR COUNTY SUMMARY OF SERVICES FOR MN - SOC - AGED AID CODE 17 1Y

AMADOR COUNTY	SUMMARY OF SER	VICES FOR MIN - SOC - AGED		AID CODE 17	ΤΥ		
					MONT		
74 ELIGIBLES	USERS	UNITS OF SERVICE E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	87	692 \$	51,983.02	\$ 75.12	9.351 \$	597.51	
@PHYSICIANS SERVICES	12	82 \$	545.61	\$ 6.65	1.108 \$	45.47	\$ 7.37
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	12	82	545.61	6.65	1.108	45.47	7.37
@PHARMACY	57	206 \$	16,613.82	\$ 80.65	2.784 \$	291.47	\$ 224.51
PRESCRIPTION DRUGS	57	206	16,613.82	80.65	2.784	291.47	224.51
SNF/ICF	11	68	3,962.12	58.27	.919	360.19	53.54
OUTPATIENTS	46	138	12,651.70	91.68	1.865	275.04	170.97
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00

DRUGS	0		0			.00		.00	.000		.00		.00
ANESTHESIA	0		0			.00		.00	.000		.00		.00
PERIODONTICS	Ô		0			.00		.00	.000		.00		.00
ENDODONTICS	Ô		0			.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	Ô		0			.00		.00	.000		.00		.00
PROSTHETICS	0		0			.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0		0			.00		.00	.000		.00		.00
SPACE MAINTAINERS	0		0			.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0		0			.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0		0			.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0		0			.00		.00	.000		.00		.00
ALL OTHER SERVICES	0		0			.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVI	CES VND EADE	ם זייי ד כווא או זייי ד כווא	PEC N	MONTH-OF		ידק∩סי			חדכ		D	AGE 754
MOP024	FEE-FOR-SERVIC		INDIION	1 0 1	MONTH OF	FAIMENT KE	or Oici	FOR UAN 2	2003 11110	טפכ	. 2003	Ε.	01/29/04
AMADOR COUNTY	SUMMARY OF SER		N - SC	nc -	AGED		ΔΤΙ	D CODE 17	1 v				01/25/04
TH'HIDOR COOMIT	BOPERENCE OF BEIN	VICED TOR IN		, ,	подр		711	J CODE I7		ONT	HLY AVERA	GE	
74 ELIGIBLES	USERS	UNITS OF S	ERVICE	7.	EXE	ENDITURES	ΔVE	RAGE COST		-	COST PER	_	COST PER
, 1 111011110	OBLIE	OR DAYS O			2111	LIVETIONES		UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	2	OIC DITTO O	3	\$		80.22	\$	26.74	.041		40.11		1.08
DIAGNOSTIC AND ANC. PROCED	0		0	~		.00	Υ	.00	.000	٧	.00	~	.00
EYE APPLIANCES	1		3			53.11		17.70	.041		53.11		.72
OTHER OPTOMETRIC SERVICES	1		0			27.11		.00	.000		27.11		.37
@CHIROPRACTOR	0		Ô	\$.00	\$.00	.000	Ś	.00	Ś	.00
VISITS	0		Ô	τ.		.00	т	.00	.000	Ψ.	.00	Υ	.00
OTHER SERVICES	0		0			.00		.00	.000		.00		.00
@PODIATRIST	Ô		0	\$.00	Ś	.00	.000	Ś	.00	Ś	.00
MEDICINE/INJECTIONS	Ô		0	~		.00	Υ	.00	.000	٧	.00	~	.00
SURGERY/ANES.	0		0			.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0			.00		.00	.000		.00		.00
OTHER	0		0			.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0		0	Ś		.00	Ś	.00	.000	Ś	.00	Ś	.00
NURSE ANESTHESIST	0		Ô	Š		.00	Š	.00	.000	Š	.00	Š	.00
NURSE MIDWIFE	0		Ô	Š		.00	Š	.00	.000	Š	.00	Š	.00
PEDIATRIC NURSE PRACTITIONER	0		Ô	Š		.00	Š	.00	.000	Š	.00	Š	.00
FAMILY NURSE PRACTITIONER	0		Ô	Š		.00	Š	.00	.000	Š	.00	Š	.00
@TOTAL HOSPITAL	3		106	Š		3,520.87	S	33.22	1.432	Š	1173.62	Š	47.58
HOSP INPATIENT TOTAL	1		60	-		2,576.00	т.	42.93	.811	т.	2576.00	т	34.81
HSC HOSPITALS	0		0			.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0		0			.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0			.00		.00	.000		.00		.00
ADMINITETE DAVE	0		0			.00		.00	000		.00		00

NONDE INVESTIGENT	· ·	0	Ψ.	• 0 0	~			~		Υ	
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	3	106	\$	3,520.87	\$	33.22	1.432	\$	1173.62	\$	47.58
HOSP INPATIENT TOTAL	1	60		2,576.00		42.93	.811		2576.00		34.81
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	1	60		2,576.00		42.93	.811		2576.00		34.81
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	3	46		944.87		20.54	.622		314.96		12.77
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	3	46		944.87		20.54	.622		314.96		12.77
@COUNTY HOSPITAL TOTAL	1	80	\$	2,692.23	\$	33.65	1.081	\$	2692.23	\$	36.38
CO HOSPITAL INPATIENT TOTAL	1	60		2,576.00		42.93	.811		2576.00		34.81
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00

ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	60	2,576.00	42.93	.811	2576.00	34.81
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	20	116.23	5.81	.270	116.23	1.57
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1	20	116.23	5.81	.270	116.23	1.57
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN	2003 THRU DI	EC 2003	PAGE 755
MOP024	FEE-FOR-SERVICE/	DENTAL					01/29/04
AMADOR COUNTY	SUMMARY OF SERVI	CES FOR MN - SOC	- AGED	AID CODE 17	' 1Y		
					MOI	NTHLY AVERAG	GE
74 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER

		OR DAYS OF CARE				סקס	IINITT/DAV	PER ELIG	ı.	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2	OR DATS OF CARE	\$	828.6		5 \$	31.87	.351		414.32	\$	11.20
COMM HOSP INPATIENT TOTAL	0	0	٧	.0		٧	.00	.000	٧	.00	Y	.00
HSC HOSPITALS	0	0		.0			.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.0			.00	.000		.00		.00
ACCOMMODATIONS	0	0		.0			.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.0			.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.0			.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.0			.00	.000		.00		.00
	0	0		.0			.00	.000		.00		.00
ANCILLARIES	0	0		.0			.00	.000		.00		
INPATIENT CROSSOVERS	0	0										.00
ALL OTHER INPATIENT	0	•		.0			.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	2	26		828.6			31.87	.351		414.32		11.20
MEDICAL	0	0		.0			.00	.000		.00		.00
SURGERY	0	0		.0			.00	.000		.00		.00
PATHOLOGY	0	0		.0			.00	.000		.00		.00
RADIOLOGY	0	0		. 0			.00	.000		.00		.00
ROOM USE	0	0		.0			.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	2	26		828.6			31.87	.351		414.32		11.20
@STATE HOSPITAL	0	0	\$.0		\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.0	0 (.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.0			.00	.000		.00		.00
@NURSING FACILITY	9	258	\$	28,244.4	1	\$	109.47	3.486	\$	3138.27	\$	381.68
LEV A-INTERMEDIATE	0	0		.0	0 (.00	.000		.00		.00
LEV B-REHAB MD	0	0		.0	0 (.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.0	0 (.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.0			.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.0	0 (.00	.000		.00		.00
LEV B-REGULAR	9	258		28,244.4			109.47	3.486		3138.27		381.68
@INTERMEDIATE CARE FACILDD	0	0	\$.0		\$.00	.000	\$.00	\$.00
ICF DDH	0	0	•	.0			.00	.000		.00	•	.00
ICF DD	0	0		.0			.00	.000		.00		.00
ICF DDN/DDCN	0	0		.0			.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.0		\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	Υ	.0		Υ	.00	.000	Τ.	.00	Υ.	.00
HEMODIALYSIS CENTER	0	0		.0			.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.0		\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	Y	.0		Y	.00	.000	Y	.00	Y	.00
INDEPENDENT FACILITY	0	0		.0			.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.0		\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	Ą	.0		Ą	.00	.000	Ą	.00	Ą	.00
	0	0		.0			.00	.000		.00		.00
XO AND OTHERS	12	28	\$	2,804.8		ሖ		.378	۲.	233.74	4	
@ORGANIZED OUTPATIENT CLINIC	12	0	Ą	•		\$	100.17		\$		\$	37.90
CLINIC	0			.0			.00	.000		.00		.00
SURGICENTER	0	0		.0			.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.0			.00	.000		.00		.00
RURAL HEALTH CLINIC	12	28		2,804.8		OD III	100.17	.378	חחמ	233.74	_	37.90
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITUR	ES .	MON.I.H-OFPAYMEN.I	. KEP	OR.I.	FOR JAN	2003 THRU	DEC	2003	Р	AGE 756
MOP024	FEE-FOR-SERVICE											01/29/04
AMADOR COUNTY	SUMMARY OF SERV	ICES FOR MN - SO	C -	AGED		AII	CODE 17					
								M				
74 ELIGIBLES	USERS	UNITS OF SERVICE										
		OR DAYS OF CARE						PER ELIG				ELIGIBLE
@ALL OTHER PROVIDERS	4	9	\$	173.2		Ş	19.25			43.31	\$	
DURABLE MED. EQUIP.	0	0		.0			.00	.000		.00		.00
BLOOD BANK	0	0		.0			.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.0			.00	.000		.00		.00
MEDICAL TRANSPORTATION	0	0		.0			.00	.000		.00		.00
AMBULANCES/AIR TRANS	0	0		.0			.00	.000		.00		.00
OTHER TRANS	0	0		.0	0 (.00	.000		.00		.00

OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	26.08	13.04	.027	26.08	.35
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	Ô	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	Ô	.00	.00	.000	.00	.00
PROSTHETICS	0	Ô	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
	0	0			.000	.00	
LOCAL EDUCATION AGENCIES	0	0	.00	.00			.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	3	7	147.14	21.02	.095	49.05	1.99
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	22	135	\$ 8,070.26	\$ 59.78	1.824	\$ 366.83	\$ 109.06

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01/29/04

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 MOP024 FEE-FOR-SERVICE/DENTAL

AMADOR COUNTY SUMMARY OF SERVICES FOR MN - SOC - BLIND AID CODE 27

					MON	THLY AVERA	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0 \$	\$.00	\$.00	.000 \$.00	\$.00
@PHYSICIANS SERVICES	0	0 \$	\$.00	\$.00	.000 \$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE. ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000	.00		.00
@PHARMACY	0	0	\$.00	\$.00	.000		Ś	.00
PRESCRIPTION DRUGS	0	0	٧	.00	٧	.00	.000	.00	٧	.00
SNF/ICF	0	0		.00		.00	.000	.00		.00
OUTPATIENTS	0	0		.00		.00	.000	.00		.00
MEDICAL SUPPLIES	0	0		.00		.00	.000	.00		.00
@DENTIST	0	0	\$.00	\$.00	.000		Ġ	.00
VISITS - DIAGNOSTIC	0	0	τ	.00	τ	.00	.000	.00	Τ	.00
ORAL SURGERY	0	0		.00		.00	.000	.00		.00
DRUGS	0	0		.00		.00	.000	.00		.00
ANESTHESIA	0	0		.00		.00	.000	.00		.00
PERIODONTICS	0	0		.00		.00	.000	.00		.00
ENDODONTICS	0	0		.00		.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00		.00
PROSTHETICS	0	0		.00		.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDITUR	ES M	IONTH-OF-PAYMENT R	EPORT	FOR JAN 2	2003 THRU DI	EC 2003	PI	AGE 758
MOP024	FEE-FOR-SERVICE	E/DENTAL								01/29/04
AMADOR COUNTY	SUMMARY OF SERV	/ICES FOR MN - SO	C -	BLIND		AID CODE	27			
								NTHLY AVERA	_	
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAYS			COST PER
		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	•	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000	.00		.00
EYE APPLIANCES	0	0		.00		.00	.000	.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000	.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000		\$.00
VISITS	0	0		.00		.00	.000	.00		.00
OTHER SERVICES	0	0		.00		.00	.000	.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	•	\$.00
MEDICINE / INTECRIONS	^	Ď.		0.0		0.0	0.00	0.0		0.0

00 FFIGIRFS	USERS	UNIIS OF SERVICE	EXPENDITURES		UNITS/DAYS		COSI PER
		OR DAYS OF CARE		R UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	•	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00

DADTOLOGY	0	0	0.0	0.0	0.00	0.0	0.0
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0			.00			.00
@COUNTY HOSPITAL TOTAL CO HOSPITAL INPATIENT TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
	0	0		.00	.000		.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	S AND EXPENDITURES MON	TH-OF-PAYMENT RE	PORT FOR JAN 2	003 THRU DEC	2003	PAGE 759
MOP024	FEE-FOR-SERVICE/I	DENTAL					01/29/04
AMADOR COUNTY	SUMMARY OF SERVIO	CES FOR MN - SOC - BL	IND	AID CODE	27		
					MONT	HLY AVERA	GE
00 ELIGIBLES	USERS (JNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

	OR	DAYS OF CARE		PER UNIT/DA	Y PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$.00	\$.00	.000 \$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0 \$.00	\$.00	.000 \$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00

HOSPITAL BASED	0	0		.00	.00	.000	.00		.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00		.00
@REHABILITATION FACILITY	0	0 \$.00 \$.00	.000 \$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00		.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00		.00
@LABORATORY FACILITY	0	0 \$.00 \$.00	.000 \$.00	\$.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
XO AND OTHERS	0	0		.00	.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0 \$.00 \$.00	.000 \$.00	\$.00
CLINIC	0	0		.00	.00	.000	.00		.00
SURGICENTER	0	0		.00	.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00		.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMEN	T REPORT	FOR JAN 2003	THRU DE	C 2003	PAGE	760
MOP024	FEE-FOR-SERVICE/DENTAL							0	1/29/04
AMADOR COUNTY	SUMMARY OF SERVICES FO	OR MN - SOC	- BLIND		AID CODE 27				

						TOT AVENAGE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS (COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$.00 \$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00 \$.00
@* TOTALS IN THESE LINES ARE GIVE	EN AS A SEPAR	ATE INFORMATION ITEM O	NT.Y;				

----- MONTHLY AVERAGE -----

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 761
MOPO 24 FEE-FOR-SERVICE/DENTAL 01/29/04
AMADOR COUNTY SUMMARY OF SERVICES FOR MN - SOC - DISABLED AID CODES 65 67 6W 6Y

----- MONTHLY AVERAGE -----85 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 10.624 \$ @TOTAL, ALL PROVIDERS 114 903 89,053.54 \$ 98.62 781.17 \$ 1047.69 30.46 .965 @PHYSICIANS SERVICES 26 82 2,498.02 \$ \$ 96.08 \$ 29.39 7 50.49 OUTPATIENT VISITS 5 252.46 36.07 .082 2.97 61.50 30.75 .024 30.75 .72 OFFICE VISITS .00 .00 .000 .00 .00 HOME VISITS 108.08 EMERGENCY ROOM 1 108.08 .012 108.08 1.27 0 .00 .00 .00 .00 PREVENTIVE CARE .000 0 .000 OB VISITS/COMPRE PERI .00 .00 .00 .00 OTHER OUTPATIENT 82.88 20.72 .047 41.44 .98 INPATIENT VISITS 11 531.91 48.36 177.30 6.26 .129 HOSPITAL VISITS 288.71 32.08 .106 144.36 3.40 CRITICAL CARE 243.20 121.60 .024 243.20 2.86 .00 SNF/ICF/TRANS IP CARE .00 .000 .00 .00 .00 .00 .000 .00 .00 OPHTHALMOLOGICAL SERVICES **EXAMINATIONS** .00 .00 .000 .00 .00 .00 .00 .00 .00 SERVICES AND MATERIALS 0 .000 .00 INPATIENT HOSPITAL SURGERY .00 .000 .00 .00 PRINCIPAL SURGEON .00 .00 .000 .00 .00

		0		.00		.00	.000		.00		
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	1	1		62.78		62.78	.012		62.78		.74
PRINCIPAL SURGEON	1	1		62.78		62.78	.012		62.78		.74
ASSISTANT SURGEON	Ω	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0									
	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	1	1		3.50		3.50	.012		3.50		.04
RADIOLOGY	6	15		934.24		62.28	.176		155.71		10.99
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
	16					15.17			44.57		
OTHER SERVICES/ALL X-OVERS		47	4.	713.13	4.		.553	4.		4.	8.39
@PHARMACY	79	398	\$	51,636.47	Ş			Ş	653.63	Ş	
PRESCRIPTION DRUGS	79	396		51,535.14		130.14	4.659		652.34		606.30
SNF/ICF	1	13		1,781.32		137.02	.153		1781.32		20.96
OUTPATIENTS	78	383		49,753.82		129.91	4.506		637.87		585.34
MEDICAL SUPPLIES	, 3	2		101.33		50.67	.024		50.67		1.19
	2		4		4			4		4	
@DENTIST	6	30	\$	1,367.00	\$.353	Ş		Ş	
VISITS - DIAGNOSTIC	4	19		229.00		12.05	.224		57.25		2.69
ORAL SURGERY	1	1		45.00		45.00	.012		45.00		.53
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
	0	0									
ENDODONTICS	1	1		330.00		330.00	.012		330.00		3.88
RESTORATIVE DENTISTRY	2	9		763.00		84.78	.106		381.50		8.98
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
	0	0									
FRACTURES, DISLOCATIONS	Ü	U		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0		ES M	.00	EPOR'	.00	.000	DEC	.00	ΡŽ	.00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV	0 MEDI-CAL SERVIC	ES AND EXPENDITUR	ES M		EPOR'	.00	.000	DEC	.00	ΡŻ	.00 AGE 762
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	0 MEDI-CAL SERVIC FEE-FOR-SERVICE	ES AND EXPENDITUR /DENTAL		.00 ONTH-OF-PAYMENT RI		.00 F FOR JAN	.000 2003 THRU	DEC	.00	ΡŻ	.00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV	0 MEDI-CAL SERVIC FEE-FOR-SERVICE	ES AND EXPENDITUR /DENTAL		.00		.00 F FOR JAN	.000 2003 THRU		2003		.00 AGE 762 01/29/04
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY	0 MEDI-CAL SERVIC FEE-FOR-SERVICE SUMMARY OF SERV	ES AND EXPENDITUR /DENTAL ICES FOR MN - SO	C -	.00 IONTH-OF-PAYMENT RI DISABLED AID (CODE	.00 I FOR JAN S 65 67 6W	.000 2003 THRU 6Y	ONTI	.00 2003 HLY AVERA	.GE -	.00 AGE 762 01/29/04
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY	0 MEDI-CAL SERVIC FEE-FOR-SERVICE	ES AND EXPENDITUR /DENTAL ICES FOR MN - SO UNITS OF SERVICE)C -	.00 ONTH-OF-PAYMENT RI	CODE:	.00 I FOR JAN S 65 67 6W ERAGE COST	.000 2003 THRU 6Y M	ONTI	.00 2003 HLY AVERA COST PER	.GE -	.00 AGE 762 01/29/04
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY	0 MEDI-CAL SERVIC FEE-FOR-SERVICE SUMMARY OF SERV	ES AND EXPENDITUR /DENTAL ICES FOR MN - SO)C -	.00 IONTH-OF-PAYMENT RI DISABLED AID (EXPENDITURES	CODE:	.00 F FOR JAN S 65 67 6W ERAGE COST R UNIT/DAY	.000 2003 THRU 6Y M UNITS/DAY PER ELIG	ONTI	.00 2003 HLY AVERA COST PER USER	.GE - (.00 AGE 762 01/29/04 COST PER ELIGIBLE
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ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 85 ELIGIBLES @OPTOMETRIST	0 MEDI-CAL SERVIC FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITUR /DENTAL ICES FOR MN - SO UNITS OF SERVICE OR DAYS OF CARE 13	OC -	.00 IONTH-OF-PAYMENT RI DISABLED AID (EXPENDITURES 259.72	CODE: AVI PEI	.00 F FOR JAN S 65 67 6W ERAGE COST R UNIT/DAY 19.98	.000 2003 THRU 6Y M UNITS/DAY PER ELIG .153	ONTI	.00 2003 HLY AVERA COST PER USER 51.94	.GE - (.00 AGE 762 01/29/04 COST PER ELIGIBLE 3.06
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 85 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED	0 MEDI-CAL SERVIC FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITUR /DENTAL ICES FOR MN - SO UNITS OF SERVICE OR DAYS OF CARE 13 2	OC -	.00 IONTH-OF-PAYMENT RI DISABLED AID (EXPENDITURES 259.72 65.45	CODE: AVI PEI	.00 I FOR JAN S 65 67 6W ERAGE COST R UNIT/DAY 19.98 32.73	.000 2003 THRU 6Y M UNITS/DAY PER ELIG .153 .024	ONTI	.00 2003 HLY AVERA COST PER USER 51.94 32.73	.GE - (.00 AGE 762 01/29/04 COST PER ELIGIBLE 3.06 .77
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 85 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	0 MEDI-CAL SERVIC FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITUR /DENTAL ICES FOR MN - SO UNITS OF SERVICE OR DAYS OF CARE 13 2 9	OC -	.00 IONTH-OF-PAYMENT RI DISABLED AID (EXPENDITURES 259.72 65.45 138.81	CODE: AVI PEI	.00 I FOR JAN S 65 67 6W ERAGE COST R UNIT/DAY 19.98 32.73 15.42	.000 2003 THRU 6Y M UNITS/DAY PER ELIG .153 .024 .106	ONTI	.00 2003 HLY AVERA COST PER USER 51.94 32.73 46.27	.GE - (.00 AGE 762 01/29/04 COST PER ELIGIBLE 3.06 .77 1.63
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 85 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	0 MEDI-CAL SERVIC FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITUR /DENTAL ICES FOR MN - SO UNITS OF SERVICE OR DAYS OF CARE 13 2 9 2)C -	.00 IONTH-OF-PAYMENT RI DISABLED AID (EXPENDITURES 259.72 65.45 138.81 55.46	CODE; AVI PEI \$.00 I FOR JAN S 65 67 6W ERAGE COST R UNIT/DAY 19.98 32.73 15.42 27.73	.000 2003 THRU 6Y M UNITS/DAY PER ELIG .153 .024 .106 .024	ONTI S (.00 2003 HLY AVERA COST PER USER 51.94 32.73 46.27 55.46	GE - (I \$.00 AGE 762 01/29/04
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ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 85 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 5 2 3 1 0 0 0 4 2 0 2 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITUR /DENTAL ICES FOR MN - SO UNITS OF SERVICE OR DAYS OF CARE 13 2 9 2 0 0 0 5 2 1 0 0 2 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0	-	.00 IONTH-OF-PAYMENT RI DISABLED AID (EXPENDITURES 259.72 65.45 138.81 55.46 .00 .00 .00 .00 .37.60 72.40 .00 34.60 30.60 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVI PEI \$.00 I FOR JAN S 65 67 6W ERAGE COST R UNIT/DAY 19.98 32.73 15.42 27.73 .00 .00 .00 .27.52 36.20 .00 17.30 30.60 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 2003 THRU 6Y M UNITS/DAY PER ELIG .153 .024 .106 .024 .000 .000 .000 .059 .024 .000 .024 .012 .000 .000 .000 .000 .000 .000 .000	ONTE S S S S S S S S S S S S S S S S S S S	.00 2003 HLY AVERA COST PER USER 51.94 32.73 46.27 55.46 .00 .00 .00 34.40 36.20 .00 17.30 30.60 .00 .00 .00 .00 .00 .00 .00 .00 .00	G	.00 AGE 762 01/29/04 COST PER ELIGIBLE 3.06 .77 1.63 .65 .00 .00 .00 1.62 .85 .00 .41 .36 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 85 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 5 2 3 1 0 0 0 4 2 0 2 1 0 0 0 0 0 15	ES AND EXPENDITUR /DENTAL ICES FOR MN - SO UNITS OF SERVICE OR DAYS OF CARE 13 2 9 2 0 0 0 0 5 2 1 0 0 0 0 72	-	.00 IONTH-OF-PAYMENT RI DISABLED AID (EXPENDITURES 259.72 65.45 138.81 55.46 .00 .00 .00 .00 137.60 72.40 .00 34.60 30.60 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVI PEI \$.00 I FOR JAN S 65 67 6W ERAGE COST R UNIT/DAY 19.98 32.73 15.42 27.73 .00 .00 .00 27.52 36.20 .00 17.30 30.60 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 2003 THRU 6Y M UNITS/DAY PER ELIG .153 .024 .106 .024 .000 .000 .000 .059 .024 .000 .024 .012 .000 .000 .000 .000 .000 .000 .000	ONTE S S S S S S S S S S S S S S S S S S S	.00 2003 HLY AVERA COST PER USER 51.94 32.73 46.27 55.46 .00 .00 .34.40 36.20 .00 17.30 30.60 .00 .00 .00 .00 .00 .00 .00 .00 .00	GE 5 5 5 5 55555	.00 AGE 762 01/29/04 COST PER ELIGIBLE 3.06 .77 1.63 .65 .00 .00 1.62 .85 .00 .41 .36 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 85 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 5 2 3 1 0 0 0 4 2 0 2 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITUR /DENTAL ICES FOR MN - SO UNITS OF SERVICE OR DAYS OF CARE 13 2 9 2 0 0 0 5 2 1 0 0 2 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0	-	.00 IONTH-OF-PAYMENT RI DISABLED AID (EXPENDITURES 259.72 65.45 138.81 55.46 .00 .00 .00 .00 .37.60 72.40 .00 34.60 30.60 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVI PEI \$.00 I FOR JAN S 65 67 6W ERAGE COST R UNIT/DAY 19.98 32.73 15.42 27.73 .00 .00 .00 .27.52 36.20 .00 17.30 30.60 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 2003 THRU 6Y M UNITS/DAY PER ELIG .153 .024 .106 .024 .000 .000 .000 .059 .024 .000 .024 .012 .000 .000 .000 .000 .000 .000 .000	ONTE S S S S S S S S S S S S S S S S S S S	.00 2003 HLY AVERA COST PER USER 51.94 32.73 46.27 55.46 .00 .00 .00 34.40 36.20 .00 17.30 30.60 .00 .00 .00 .00 .00 .00 .00 .00 .00	G	.00 AGE 762 01/29/04 COST PER ELIGIBLE 3.06 .77 1.63 .65 .00 .00 .00 1.62 .85 .00 .41 .36 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 85 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 5 2 3 1 0 0 0 4 2 0 2 1 0 0 0 0 0 15	ES AND EXPENDITUR /DENTAL ICES FOR MN - SO UNITS OF SERVICE OR DAYS OF CARE 13 2 9 2 0 0 0 0 5 2 1 0 0 0 0 72	-	.00 IONTH-OF-PAYMENT RI DISABLED AID (EXPENDITURES 259.72 65.45 138.81 55.46 .00 .00 .00 .00 137.60 72.40 .00 34.60 30.60 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVI PEI \$.00 I FOR JAN S 65 67 6W ERAGE COST R UNIT/DAY 19.98 32.73 15.42 27.73 .00 .00 .00 27.52 36.20 .00 17.30 30.60 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 2003 THRU 6Y M UNITS/DAY PER ELIG .153 .024 .106 .024 .000 .000 .000 .059 .024 .000 .024 .012 .000 .000 .000 .000 .000 .000 .000	ONTE S S S S S S S S S S S S S S S S S S S	.00 2003 HLY AVERA COST PER USER 51.94 32.73 46.27 55.46 .00 .00 .34.40 36.20 .00 17.30 30.60 .00 .00 .00 .00 .00 .00 .00 .00 .00	G	.00 AGE 762 01/29/04 COST PER ELIGIBLE 3.06 .77 1.63 .65 .00 .00 1.62 .85 .00 .41 .36 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 85 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 5 2 3 1 0 0 0 4 4 2 0 2 1 0 0 0 0 15 5 0	ES AND EXPENDITUR /DENTAL ICES FOR MN - SO UNITS OF SERVICE OR DAYS OF CARE 13 2 9 2 0 0 0 0 5 2 1 0 0 0 7 7 1 1 3 0	-	.00 IONTH-OF-PAYMENT RI DISABLED AID (EXPENDITURES 259.72 65.45 138.81 55.46 .00 .00 .00 137.60 72.40 .00 34.60 30.60 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVI PEI \$.00 I FOR JAN S 65 67 6W ERAGE COST R UNIT/DAY 19.98 32.73 15.42 27.73 .00 .00 .00 27.52 36.20 .00 17.30 30.60 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 2003 THRU 6Y M UNITS/DAY PER ELIG .153 .024 .106 .024 .000 .000 .000 .059 .024 .000 .024 .012 .000 .000 .000 .000 .000 .000 .000	ONTE S S S S S S S S S S S S S S S S S S S	.00 2003 HLY AVERA COST PER USER 51.94 32.73 46.27 55.46 .00 .00 .00 34.40 36.20 .00 17.30 30.60 .00 .00 .00 .00 .00 .00 .00 .00 .00	G	.00 AGE 762 01/29/04 COST PER ELIGIBLE 3.06 .77 1.63 .65 .00 .00 1.62 .85 .00 .41 .36 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 85 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL	0 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 5 2 3 1 0 0 0 4 2 0 2 1 0 0 0 0 0 15 5	ES AND EXPENDITUR /DENTAL ICES FOR MN - SO UNITS OF SERVICE OR DAYS OF CARE 13 2 9 2 0 0 0 0 2 1 0 0 0 72 13	-	.00 IONTH-OF-PAYMENT RI DISABLED AID (EXPENDITURES 259.72 65.45 138.81 55.46 .00 .00 .00 137.60 72.40 .00 34.60 30.60 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVI PEI \$.00 I FOR JAN S 65 67 6W ERAGE COST R UNIT/DAY 19.98 32.73 15.42 27.73 .00 .00 .00 27.52 36.20 .00 17.30 30.60 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 2003 THRU 6Y M UNITS/DAY PER ELIG .153 .024 .106 .024 .000 .000 .000 .059 .024 .000 .024 .012 .000 .000 .000 .000 .000 .000 .000	ONTE	.00 2003 HLY AVERA COST PER USER 51.94 32.73 46.27 55.46 .00 .00 .34.40 36.20 .00 17.30 30.60 .00 .00 .00 .00 .00 .00 .00 .00 .00	G	.00 AGE 762 01/29/04 COST PER ELIGIBLE 3.06 .77 1.63 .65 .00 .00 1.62 .85 .00 .41 .36 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0

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ASSISTANT SURGEON

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ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	0.0	0.0
ALL OTHER ACCOM	2	7	3,621.69	517.38		1010 05	42 61
	2	0	17,117.97	.00	.002	1810.85 8558.99	.00 42.61 201.39 27.41
ANCILLARIES	3	6	17,117.97		.000	0000.99	201.39
INPATIENT CROSSOVERS		<u> </u>	2,330.00	388.33	.071	776.67	27.41
ALL OTHER INPATIENT	0	0	.00	.00 11.26 .00	.000	.00	.00
HOSP OUTPATIENT TOTAL	11	59	664.56	11.26	.694	60.41	7.82
MEDICAL	2	0	65.67	.00	.000		.77
SURGERY	0	1CR	45.46CR	45.46	.012CR	.00	.53CR
PATHOLOGY	6	49	403.39	8.23	.576	67.23	4.75
RADIOLOGY	3	2CR	222.27		.024CR	74.09	2.61
ROOM USE	2	1CR	195.61CR	195.61	.012CR	97.81CR	2.30CR
CROSSOVERS/ALL OTH OUTPTNT	3	14	214.30	15.31	.165	71.43	
@COUNTY HOSPITAL TOTAL	2	8 \$		\$ 83.02	.094 \$	332.07 \$	
CO HOSPITAL INPATIENT TOTAL	1	5	650.00	130.00	.059	650.00	7.65
HSC HOSPITALS	<u> </u>	0	.00	.00	.000	.00	.00
	0	0			.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00 .00 .00 .00 .00 650.00 .00	.00
INPATIENT CROSSOVERS	1	5	650.00	130.00	.059	650.00	7.65
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	3	14.14	4.71	.035	14.14	.17
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	000	00	.00
PATHOLOGY	0	0	.00	.00	.000 .000 .000 .000 .059 .000 .035 .000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
		3	14.14	4.71		14.14	.17
CROSSOVERS/ALL OTH OUTPINT							
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES MON	TH-OF-PAYMENT REF	PORT FOR JAN 20	003 THRU DEC	2 2003	
MOP024	FEE-FOR-SERVICE	/ DENTAL					01/29/04
AMADOR COUNTY	SUMMARY OF SERV	/DENTAL ICES FOR MN - SOC - DI	SABLED AID CO	DDES 65 67 6W 6	οY		
						THLY AVERAGE	
85 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST (JNITS/DAYS		COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	
@COMMUNITY HOSPITAL TOTAL	13	64 \$	23,070.08	\$ 360.47	.753 \$	1774.62 \$	271.41
COMM HOSP INPATIENT TOTAL	4	8	22,419.66	2802.46	.094	5604.92	263.76
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	2	7	20,739.66	2962.81	.082	.00 10369.83 1810.85 .00 .00 1810.85 8558.99 840.00	244.00
ACCOMMODATIONS	2	7	3,621.69	517.38	.082	1810.85	42.61
ADMINISTRATIVE DAYS	0	0	0.0	0.0	000	0.0	0.0
TRANSITIONAL IP CARE	0	0	0.0	00	000	00	00
ALL OTHER ACCOM	2	7	3 621 60	517 30	082	1910 95	42 61
ANCILLARIES	2	7 0	17 117 07	217.30	002	0550.00	201 20
	2	1	1 600 00	1600 00	012	0330.99	10 76
INPATIENT CROSSOVERS		0	1,680.00	1080.00	.012	840.00	19.76
ALL OTHER INPATIENT	0 10	Ü	23,070.08 22,419.66 .00 20,739.66 3,621.69 .00 3,621.69 17,117.97 1,680.00 .00 650.42 65.67 45.46CR	.00	.000	.00 65.04	.00
COMM HOSP OUTPATIENT TOTAL		56	650.42	11.61	.659	65.04	7.65
MEDICAL	2	0	65.67	.00	.000	32.84	.77
SURGERY	0					.00	.53CR
PATHOLOGY	6	49	403.39	8.23	.576	.00	4.75
RADIOLOGY	3	2CR	222.27	111.14CR	.024CR	74.09	2.61
ROOM USE	2	1CR	195.61CR		.012CR	97.81CR	2.30CR
CROSSOVERS/ALL OTH OUTPTNT	2	11	200.16	18.20	.129	100.08	2.35
OCTATE HOODITAL	_	d	0.0		000 6	00 4	

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@STATE HOSPITAL

MENTALLY ILL

@NURSING FACILITY

DEVELOP. DISABLED

LEV A-INTERMEDIATE

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4,510.35

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\$ 173.48

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.306 \$ 4510.35 \$

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53.06

LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0										
LEV B-REGULAR	1	26		4,510.35		173.48	.306		4510.35		53.06
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
	0										
ICF DDN/DDCN	Ü	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
	0	0	<u>ب</u>		4			ė.		4	
@REHABILITATION FACILITY	U		\$.00	\$.00	.000	Ş	.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	~	.00	Υ	.00	.000	~	.00	т	.00
	0										
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	13	22	\$	3,525.40	\$	160.25	.259	\$	271.18	\$	41.48
CLINIC	2	2		50.63		25.32	.024		25.32		.60
SURGICENTER	_	0		.00		.00	.000		.00		.00
	0										
HEROIN DETOX CLINIC	U	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	11	20		3,474.77		173.74	.235		315.89		40.88
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	RES	MONTH-OF-PAYMENT F	REPOR	T FOR JAN	2003 THRU	DEC	2003	PA	GE 764
MOP024	FEE-FOR-SERVICE	/DENTAL									01/29/04
		•		DIGADIED AID	CODI	10 CF C7 CM	637				01/25/04
AMADOR COUNTY	SUMMARY OF SERV	ICES FOR MN - SC)C –	DISABLED AID	CODE	S 65 67 6W					
							M			GE -	
85 ELIGIBLES	USERS	UNITS OF SERVICE	;	EXPENDITURES	ZΥ	ERAGE COST	UNITS/DAY	S	COST PER	C	OST PER
		OR DAYS OF CARE	:		PF	R UNIT/DAY	PER ELIG		USER	E	LIGIBLE
@ALL OTHER PROVIDERS	14	255	\$	1,384.76	\$	5.43	3.000		98.91		16.29
			Ą		Ą			Ą		Ą	
DURABLE MED. EQUIP.	1	1		55.07		55.07	.012		55.07		.65
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	3	29		345.68		11.92	.341		115.23		4.07
	2	18		197.40		10.97	.212		98.70		
AMBULANCES/AIR TRANS	2										2.32
OTHER TRANS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	1	11		148.28		13.48	.129		148.28		1.74
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00		.00
	0	0									
GENETIC DISEASE TESTING	Ü	0		.00		.00	.000		.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	2	4		798.90		199.73	.047		399.45		9.40
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00
OPTICIAN	2	6		51.16		8.53	.071		25.58		.60
PHYSICAL THERAPIST	0	0		.00		.00	.000		.00		.00
	0	0									
PORTABLE X-RAY	Ü	U		.00		.00	.000		.00		.00
PROSTHETIST/ORTHOTISTS				.00		.00	.000		.00		.00
	Ü	0							0.0		.00
	0	0		.00					.00		
PROSTHETICS	0	0		.00		.00	.000		.00		
PROSTHETICS ORTHOTICS	0	0		.00		.00	.000		.00		.00
PROSTHETICS ORTHOTICS PSYCHOLOGIST	0 0 0	0 0 0		.00		.00 .00 .00	.000		.00		.00
PROSTHETICS ORTHOTICS	0 0 0 0	0 0 0 0		.00		.00	.000		.00		.00
PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY	0 0 0 0 0	•		.00 .00 .00		.00 .00 .00	.000 .000 .000		.00 .00 .00		.00 .00 .00
PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY HOSPICE SERVICES	0 0 0 0 0	0		.00 .00 .00		.00 .00 .00 .00	.000 .000 .000 .000		.00 .00 .00		.00 .00 .00
PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY HOSPICE SERVICES NONINST BIRTHING CENTERS	0 0 0 0 0	0		.00 .00 .00 .00		.00 .00 .00 .00 .00	.000 .000 .000 .000 .000		.00 .00 .00 .00		.00 .00 .00 .00
PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY HOSPICE SERVICES NONINST BIRTHING CENTERS LOCAL EDUCATION AGENCIES	0 0 0 0 0	0 0 0 0		.00 .00 .00 .00 .00		.00 .00 .00 .00 .00 .00	.000 .000 .000 .000 .000 .000		.00 .00 .00 .00 .00		.00 .00 .00 .00 .00
PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY HOSPICE SERVICES NONINST BIRTHING CENTERS LOCAL EDUCATION AGENCIES EPSDT SUPPLEMENTAL SERVICE	0 0 0 0 0 0 0	0 0 0 0 0		.00 .00 .00 .00 .00		.00 .00 .00 .00 .00 .00	.000 .000 .000 .000 .000 .000		.00 .00 .00 .00 .00		.00 .00 .00 .00 .00
PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY HOSPICE SERVICES NONINST BIRTHING CENTERS LOCAL EDUCATION AGENCIES	0 0 0 0 0 0 0 0	0 0 0 0		.00 .00 .00 .00 .00		.00 .00 .00 .00 .00 .00	.000 .000 .000 .000 .000 .000		.00 .00 .00 .00 .00		.00 .00 .00 .00 .00
PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY HOSPICE SERVICES NONINST BIRTHING CENTERS LOCAL EDUCATION AGENCIES EPSDT SUPPLEMENTAL SERVICE RESPIRATORY CARE PRACT.	0 0 0 0 0 0 0 0	0 0 0 0 0		.00 .00 .00 .00 .00		.00 .00 .00 .00 .00 .00	.000 .000 .000 .000 .000 .000		.00 .00 .00 .00 .00		.00 .00 .00 .00 .00
PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY HOSPICE SERVICES NONINST BIRTHING CENTERS LOCAL EDUCATION AGENCIES EPSDT SUPPLEMENTAL SERVICE RESPIRATORY CARE PRACT. PED SUBACUTE REHAB/WEANING	0 0 0 0 0 0 0 0	0 0 0 0 0 0		.00 .00 .00 .00 .00 .00		.00 .00 .00 .00 .00 .00 .00	.000 .000 .000 .000 .000 .000 .000		.00 .00 .00 .00 .00 .00		.00 .00 .00 .00 .00 .00
PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY HOSPICE SERVICES NONINST BIRTHING CENTERS LOCAL EDUCATION AGENCIES EPSDT SUPPLEMENTAL SERVICE RESPIRATORY CARE PRACT. PED SUBACUTE REHAB/WEANING ALL OTHER PROVIDERS	0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0	Ċ	.00 .00 .00 .00 .00 .00 .00 .00	4	.00 .00 .00 .00 .00 .00 .00 .00	.000 .000 .000 .000 .000 .000 .000 .00	٠	.00 .00 .00 .00 .00 .00 .00 .00	ė	.00 .00 .00 .00 .00 .00 .00 .00
PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY HOSPICE SERVICES NONINST BIRTHING CENTERS LOCAL EDUCATION AGENCIES EPSDT SUPPLEMENTAL SERVICE RESPIRATORY CARE PRACT. PED SUBACUTE REHAB/WEANING ALL OTHER PROVIDERS @CALIF. CHILDREN SERVICES*	0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 215	\$.00 .00 .00 .00 .00 .00 .00 .00 .133.95	φ.	.00 .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 .000 .000 .000 .000 .000 .00		.00 .00 .00 .00 .00 .00 .00 .00 .00	\$-	.00 .00 .00 .00 .00 .00 .00 .00
PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY HOSPICE SERVICES NONINST BIRTHING CENTERS LOCAL EDUCATION AGENCIES EPSDT SUPPLEMENTAL SERVICE RESPIRATORY CARE PRACT. PED SUBACUTE REHAB/WEANING ALL OTHER PROVIDERS @CALIF. CHILDREN SERVICES* @XOVER EXCLUDING STATE HOSP**		0 0 0 0 0 0 0 215 0 189	\$.00 .00 .00 .00 .00 .00 .00 .00 .133.95 .00 3,553.95	\$ \$.00 .00 .00 .00 .00 .00 .00 .00	.000 .000 .000 .000 .000 .000 .000 .00		.00 .00 .00 .00 .00 .00 .00 .00		.00 .00 .00 .00 .00 .00 .00 .00
PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY HOSPICE SERVICES NONINST BIRTHING CENTERS LOCAL EDUCATION AGENCIES EPSDT SUPPLEMENTAL SERVICE RESPIRATORY CARE PRACT. PED SUBACUTE REHAB/WEANING ALL OTHER PROVIDERS @CALIF. CHILDREN SERVICES*		0 0 0 0 0 0 0 215 0	\$.00 .00 .00 .00 .00 .00 .00 .00 .133.95 .00 3,553.95	\$ \$.00 .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 .000 .000 .000 .000 .000 .00		.00 .00 .00 .00 .00 .00 .00 .00 .00		.00 .00 .00 .00 .00 .00 .00 .00

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** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OB VISITS/COMPRE PERI

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 765 MOP024 FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37

						MON	ITHLY AVERA	GE
193 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	173	929	\$	119,334.31	\$ 128.45	4.813 \$	689.79	\$ 618.31
@PHYSICIANS SERVICES	77	227	\$	11,735.44	\$ 51.70	1.176 \$	152.41	\$ 60.81
OUTPATIENT VISITS	25	35		1,265.70	36.16	.181	50.63	6.56
OFFICE VISITS	20	30		899.86	30.00	.155	44.99	4.66
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	4	4		305.36	76.34	.021	76.34	1.58
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00

60.48

60.48

.005

60.48

.31

OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	9	22		1,376.16		62.55	.114		152.91		7.13
HOSPITAL VISITS	7	17		830.86		48.87	.088		118.69		4.30
CRITICAL CARE	4	5		545.30		109.06	.026		136.33		2.83
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	10	33		3,888.62		117.84	.171		388.86		20.15
PRINCIPAL SURGEON	8	8		3,088.82		386.10	.041		386.10		16.00
ASSISTANT SURGEON	3	3		363.79		121.26	.016		121.26		1.88
ANESTHESIOLOGIST	3	22		436.01		19.82	.114		145.34		2.26
OUTPATIENT SURGERY	3	9		387.70		43.08	.047		129.23		2.01
PRINCIPAL SURGEON	2	2		213.70		106.85	.010		106.85		1.11
ASSISTANT SURGEON	0	n		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	1	7		174.00		24.86	.036		174.00		.90
DIALYSIS	Û	ń		.00		.00	.000		.00		.00
PATHOLOGY	3	3		213.28		71.09	.016		71.09		1.11
RADIOLOGY	45	84		3,076.66		36.63	.435		68.37		15.94
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	1	1		8.65		8.65	.005		8.65		.04
OTHER SERVICES/ALL X-OVERS	18	40		1,518.67		37.97	.207		84.37		7.87
@PHARMACY	73	187	\$	12,838.96	\$.969	ċ,	175.88	بع	66.52
PRESCRIPTION DRUGS	73 72	185	Ą	12,694.68	Ą	68.62	.959	Ą	176.32	Ą	65.78
	0	105				.00	.000				
SNF/ICF	72			.00			.959		.00 176.32		.00 65.78
OUTPATIENTS	2	185		12,694.68		68.62 72.14	.959		72.14		.75
MEDICAL SUPPLIES	17	2 95	4	144.28 3,554.00	4			ė.		4	
@DENTIST	9		\$		\$	37.41	.492	Þ	209.06	Ş	18.41
VISITS - DIAGNOSTIC	9	53 2		552.00		10.42	.275		61.33		2.86
ORAL SURGERY	0			.00		.00	.010		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	5	5		1,066.00		213.20	.026		213.20		5.52
RESTORATIVE DENTISTRY	.7	22		1,761.00		80.05	.114		251.57		9.12
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	1	1		140.00		140.00	.005		140.00		.73
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	1	1		35.00		35.00	.005		35.00		.18
ALL OTHER SERVICES	1	11		.00		.00	.057		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A		ES	MONTH-OF-PAYMENT R	EPOR	T FOR JAN 2	2003 THRU 1	DEC	2003	P/	AGE 766
MOP024	FEE-FOR-SERVICE/DEN	TAL									01/29/04
AMADOR COUNTY	SUMMARY OF SERVICES	FOR MN - SOC	- C	FAMILIES AID CODE	5R	6R 37					
							Mo				
193 ELIGIBLES		TS OF SERVICE		EXPENDITURES		ERAGE COST		S (COST PER
		DAYS OF CARE				R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	5	12	\$	316.27	\$	26.36	.062		63.25		1.64
DIAGNOSTIC AND ANC. PROCED	2	2		94.90		47.45	.010		47.45		. 49

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193 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	COS'	Γ PER		COST PER
		OR DAYS OF CARE		PER	R UNIT/DAY	PER ELIG	U	SER		ELIGIBLE
@OPTOMETRIST	5	12	\$ 316.27	\$	26.36	.062	\$	53.25	\$	1.64
DIAGNOSTIC AND ANC. PROCED	2	2	94.90		47.45	.010		47.45		.49
EYE APPLIANCES	2	6	95.96		15.99	.031		47.98		.50
OTHER OPTOMETRIC SERVICES	3	4	125.41		31.35	.021		41.80		.65
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	0	0	.00		.00	.000		.00		.00

@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	Ė	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	Š	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER		0	Š	.00	\$.00	.000		.00		.00
FAMILY NURSE PRACTITIONER	0	0	Ġ	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	71	337	Ġ.			244.51		\$	1160.54		426.93
	10	31	Ą		Ą			Ą		Ą	
HOSP INPATIENT TOTAL		31		72,862.17		2350.39	.161		7286.22		377.52
HSC HOSPITALS	2	7		6,972.00		996.00	.036		3486.00		36.12
NON-HSC HOSPITAL TOTAL	8	24		65,890.17		2745.42	.124		8236.27		341.40
ACCOMMODATIONS	8	24		16,849.28		702.05	.124		2106.16		87.30
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	8	24		16,849.28		702.05	.124		2106.16		87.30
ANCILLARIES	8	0		49,040.89		.00	.000		6130.11		254.10
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	65	306		9,536.03		31.16	1.585		146.71		49.41
MEDICAL	34	55		2,699.54		49.08	.285		79.40		13.99
SURGERY	2	2		78.28		39.14	.010		39.14		.41
PATHOLOGY	25	94		953.29		10.14			38.13		4.94
							.487				
RADIOLOGY	24	35		3,076.44		87.90	.181		128.19		15.94
ROOM USE	35	55		1,992.49		36.23	. 285		56.93		10.32
CROSSOVERS/ALL OTH OUTPTNT		65		735.99		11.32	.337		26.29		3.81
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	٥ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		
MEDICAL	0	0									.00
SURGERY	U	U		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT		0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVI	CES AND EXPENDITUR	ES I	MONTH-OF-PAYMENT RE	EPOR	T FOR JAN	2003 THRU	DEC	2003	P	AGE 767
MOP024	FEE-FOR-SERVIC	E/DENTAL									01/29/04
AMADOR COUNTY	SUMMARY OF SER	VICES FOR MN - SO)C -	FAMILIES AID CODE	5R	6R 37					
							M	ГИО	HLY AVERA	GE ·	
193 ELIGIBLES	USERS	UNITS OF SERVICE	:	EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER	(COST PER
		OR DAYS OF CARE	:			R UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	71	337	\$	82,398.20	\$				1160.54		426.93
COMM HOSP INPATIENT TOTAL	10	31	~				.161				
HSC HOSPITALS	2	7		6,972.00		996.00	.036		3486.00		36.12
NON-HSC HOSPITALS TOTAL	8	24		65,890.17		2745.42	.124		8236.27		341.40
	0										
ACCOMMODATIONS	8	24		16,849.28		702.05	.124		2106.16		87.30
ADMINISTRATIVE DAYS	Û	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	8	24		16,849.28		702.05	.124		2106.16		87.30
ANCILLARIES	8	0		49,040.89		.00	.000		6130.11		254.10
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	65	306		9,536.03		31.16	1.585		146.71		49.41
MEDICAL	34	55		2,699.54		49.08	.285		79.40		13.99
				•							

SURGERY	2	2		78.28		39.14	.010		39.14		.41
PATHOLOGY	25	94		953.29		10.14	.487		38.13		4.94
RADIOLOGY	24	35		3,076.44		87.90	.181		128.19		15.94
ROOM USE	35	55		1,992.49		36.23	. 285		56.93		10.32
CROSSOVERS/ALL OTH OUTPTNT	28	65		735.99		11.32	.337		26.29		3.81
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	Ś	.00	Ś	.00
MENTALLY ILL	0	0	-	.00	-	.00	.000	т.	.00	•	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	Ś	.00	\$.00
LEV A-INTERMEDIATE	0	0	-	.00	-	.00	.000	т.	.00	•	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	·	.00	•	.00	.000	•	.00	•	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	·	.00	•	.00	.000	•	.00	•	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	6	7	\$	198.53	\$	28.36	.036	\$	33.09	\$	1.03
PATHOLOGY	6	7		198.53		28.36	.036		33.09		1.03
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	32	47	\$	7,926.80	\$	168.66	.244	\$	247.71	\$	41.07
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	32	47		7,926.80		168.66	.244		247.71		41.07
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITU	RES I	MONTH-OF-PAYMENT R	REPORT	r for jan 2	003 THRU	DEC	2003	PI	AGE 768
MOP024	FEE-FOR-SERVICE	/DENTAL									01/29/04
AMADOR COUNTY	SUMMARY OF SERV	ICES FOR MN - S	OC -	FAMILIES AID CODE	: 5R 6	5R 37					
							M			GE -	
193 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES		ERAGE COST			COST PER		COST PER
		OR DAYS OF CAR	E			R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	9	17	\$	366.11	\$	21.54	.088	\$	40.68	\$	1.90
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00		.00
DI OOD DANK	Λ	Λ		0.0		0.0	000		0.0		0.0

					11011		J-1
193 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	9	17 \$	366.11	\$ 21.54	.088 \$	40.68	\$ 1.90
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	3	7	266.81	38.12	.036	88.94	1.38
AMBULANCES/AIR TRANS	3	7	266.81	38.12	.036	88.94	1.38
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	3	6	59.36	9.89	.031	19.79	.31
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00

HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	3	4	39.94	9.99	.021	13.31	.21
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000	\$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 769
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
AMADOR COUNTY SUMMARY OF SERVICES FOR MN - SOC - TOTAL

AMADOR COUNTY	SUMMARY OF SER	VICES FOR MN - SOC	7 - 7	TOTAL					
							NTHLY AVERA		
352 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST		COST PER		COST PER
		OR DAYS OF CARE			PER UNIT/DAY		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	374	2,524	\$	260,370.87	\$ 103.16	7.170			739.69
@PHYSICIANS SERVICES	115	391	\$	14,779.07	\$ 37.80	1.111		\$	41.99
OUTPATIENT VISITS	30	42		1,518.16	36.15	.119	50.61		4.31
OFFICE VISITS	22	32		961.36	30.04	.091	43.70		2.73
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	5	5 0		413.44	82.69	.014	82.69		1.17
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	1	1		60.48	60.48	.003	60.48		.17
OTHER OUTPATIENT	2	4		82.88	20.72	.011	41.44		.24
INPATIENT VISITS	12	33		1,908.07	57.82	.094	159.01		5.42
HOSPITAL VISITS	9	26		1,119.57	43.06	.074	124.40		3.18
CRITICAL CARE	5	7		788.50	112.64	.020	157.70		2.24
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00		.00
EXAMINATIONS	0	0		.00	.00	.000	.00		.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	10	33		3,888.62	117.84	.094	388.86		11.05
PRINCIPAL SURGEON	8	8		3,088.82	386.10	.023	386.10		8.78
ASSISTANT SURGEON	3	3		363.79	121.26	.009	121.26		1.03
ANESTHESIOLOGIST	3	22		436.01	19.82	.063	145.34		1.24
OUTPATIENT SURGERY	4	10		450.48	45.05	.028	112.62		1.28
PRINCIPAL SURGEON	3	3		276.48	92.16	.009	92.16		.79
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	ĺ	7		174.00	24.86	.020	174.00		.49
DIALYSIS	0	Ô		.00	.00	.000	.00		.00
PATHOLOGY	4	4		216.78	54.20	.011	54.20		.62
RADIOLOGY	51	99		4,010.90	40.51	.281	78.65		11.39
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	1	1		8.65	8.65	.003	8.65		.02
OTHER SERVICES/ALL X-OVERS	46	169		2,777.41	16.43	.480	60.38		7.89
@PHARMACY	209	791	\$	•	\$ 102.51	2.247		Ġ	230.37
PRESCRIPTION DRUGS	208	787	Ą	80,843.64	102.72	2.236	388.67	Ą	229.67
SNF/ICF	12	81		5,743.44	70.91	.230	478.62		16.32
OUTPATIENTS	196	706		75,100.20	106.37	2.006	383.16		213.35
MEDICAL SUPPLIES	4	4		245.61	61.40	.011	61.40		.70
	23	125	\$	4,921.00	\$ 39.37	.355		۲,	13.98
@DENTIST VISITS - DIAGNOSTIC	13	72	Þ	781.00	\$ 39.37 10.85	. 205	60.08	Ą	2.22
	3	3		45.00	15.00	.009	15.00		.13
ORAL SURGERY	0	0							
DRUGS	0	0		.00	.00	.000	.00		.00
ANESTHESIA	0	0							
PERIODONTICS	0 6	6		.00	.00 232.67	.000 .017	.00 232.67		.00 3.97
ENDODONTICS	О	б		1,396.00	434.07	.01/	434.0/		3.9/

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

RESTORATIVE DENTISTRY	9	31	2,524.00	81.42	.088	280.44	7.17
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	1	140.00	140.00	.003	140.00	.40
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	1	1	35.00	35.00	.003	35.00	.10
ALL OTHER SERVICES	1	11	.00	.00	.031	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ID EXPENDITURES M	ONTH-OF-PAYMENT RE	PORT FOR JAN 2	003 THRU DE	C 2003	PAGE 770
MOP024	FEE-FOR-SERVICE/DENT	AL					01/29/04
AMADOR COUNTY	SUMMARY OF SERVICES	FOR MN - SOC -	TOTAL				
					MON	THLY AVERAC	BE
352 ELIGIBLES	USERS UNIT	S OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR	DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	12	28 \$	656.21	\$ 23.44	.080 \$	54.68	\$ 1.86
DIAGNOSTIC AND ANC. PROCED	4	4	160.35	40.09	.011	40.09	.46

		1.0		000 00		15 00	0.51		4.5.00		0.0
EYE APPLIANCES	6	18		287.88		15.99	.051		47.98		.82
OTHER OPTOMETRIC SERVICES	5	6		207.98		34.66	.017		41.60		.59
@CHIROPRACTOR	0	0 \$	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	4		\$	137.60	\$	27.52	.014	Ġ	34.40	Ċ	.39
MEDICINE/INJECTIONS	2	2	7	72.40	Y	36.20	.006	Y	36.20	Ÿ	.21
	0	2									
SURGERY/ANES.	U	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	2	2		34.60		17.30	.006		17.30		.10
OTHER	1	1		30.60		30.60	.003		30.60		.09
@HOME HEALTH AGENCY	0	0 \$	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0 \$	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0 \$	Ġ	.00	Ė	.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 8	·	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$	۲ <u>ځ</u>	.00	Ġ.	.00	.000	\$.00	\$.00
	89		? 5		Ą				1022 06		311.52
@TOTAL HOSPITAL			7	109,653.29	\$	212.92	1.463	\$	1232.06	\$	
HOSP INPATIENT TOTAL	16	104		98,507.83		947.19	.295		6156.74		279.85
HSC HOSPITALS	2	7		6,972.00		996.00	.020		3486.00		19.81
NON-HSC HOSPITAL TOTAL	10	31		86,629.83		2794.51	.088		8662.98		246.11
ACCOMMODATIONS	10	31		20,470.97		660.35	.088		2047.10		58.16
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	10	31		20,470.97		660.35	.088		2047.10		58.16
ANCILLARIES	10	0		66,158.86		.00	.000		6615.89		187.95
				•							
INPATIENT CROSSOVERS	4	66		4,906.00		74.33	.188		1226.50		13.94
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	79	411		11,145.46		27.12	1.168		141.08		31.66
MEDICAL	36	55		2,765.21		50.28	.156		76.81		7.86
SURGERY	2	1		32.82		32.82	.003		16.41		.09
PATHOLOGY	31	143		1,356.68		9.49	.406		43.76		3.85
RADIOLOGY	27	33		3,298.71		99.96	.094		122.17		9.37
ROOM USE	37	54		1,796.88		33.28	.153		48.56		5.10
CROSSOVERS/ALL OTH OUTPTNT	34	125		1,895.16		15.16	.355		55.74		5.38
@COUNTY HOSPITAL TOTAL	3		\$	3,356.37	\$	38.14	.250	Ś	1118.79	Ś	9.54
CO HOSPITAL INPATIENT TOTAL	2	65	•	3,226.00	т.	49.63	.185	т.	1613.00	-	9.16
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
	0	0									
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	U			0.0		0.0	000				.00
	•	0		.00		.00	.000		.00		0.0
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00 .00 .00		.00
	0	0 0		.00 .00 .00		.00 .00 .00	.000		.00 .00 .00		.00
ALL OTHER ACCOM	0 0 2	0		.00		.00	.000		.00 .00 .00		.00
ALL OTHER ACCOM ANCILLARIES	0 0 2 0	0 0		.00 .00 .00		.00 .00 .00	.000		.00 .00 .00		.00
ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	0 0 2	0 0 65		.00 .00 .00 3,226.00		.00 .00 .00 49.63	.000 .000 .000 .185		.00 .00 .00 .00		.00 .00 9.16
ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL	0 0 2 0	0 0 65 0		.00 .00 .00 3,226.00 .00		.00 .00 .00 49.63 .00	.000 .000 .000 .185		.00 .00 .00 .00 1613.00		.00 .00 9.16 .00
ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL MEDICAL	0 0 2 0 2	0 0 65 0 23 0		.00 .00 .00 3,226.00 .00 130.37		.00 .00 .00 49.63 .00 5.67	.000 .000 .000 .185 .000 .065		.00 .00 .00 .00 1613.00 .00 65.19		.00 .00 9.16 .00 .37
ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL MEDICAL SURGERY	0 0 2 0 2 0 0	0 0 65 0 23 0		.00 .00 .00 3,226.00 .00 130.37 .00		.00 .00 .00 49.63 .00 5.67 .00	.000 .000 .000 .185 .000 .065 .000		.00 .00 .00 .00 1613.00 .00 65.19 .00		.00 .00 9.16 .00 .37 .00
ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	0 0 2 0 2 0 0 0	0 0 65 0 23 0 0		.00 .00 .00 3,226.00 .00 130.37 .00		.00 .00 .00 49.63 .00 5.67 .00	.000 .000 .000 .185 .000 .065 .000		.00 .00 .00 .00 1613.00 .00 65.19 .00 .00		.00 .00 9.16 .00 .37 .00 .00
ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	0 0 2 0 2 0 0 0 0	0 0 65 0 23 0 0 0		.00 .00 .00 3,226.00 .00 130.37 .00 .00		.00 .00 .00 49.63 .00 5.67 .00 .00	.000 .000 .000 .185 .000 .065 .000		.00 .00 .00 .00 1613.00 .00 65.19 .00 .00		.00 .00 9.16 .00 .37 .00 .00
ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	0 0 2 0 2 0 0 0 0	0 0 65 0 23 0 0 0		.00 .00 .00 3,226.00 .00 130.37 .00 .00 .00		.00 .00 .00 49.63 .00 5.67 .00 .00	.000 .000 .000 .185 .000 .065 .000 .000		.00 .00 .00 .00 1613.00 .00 65.19 .00 .00 .00		.00 .00 9.16 .00 .37 .00 .00
ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	0 0 2 0 2 0 0 0 0 0	0 0 65 0 23 0 0 0 0	Z. MON	.00 .00 3,226.00 .00 130.37 .00 .00 .00		.00 .00 .00 49.63 .00 5.67 .00 .00 .00	.000 .000 .000 .185 .000 .065 .000 .000 .000		.00 .00 .00 .00 1613.00 .00 65.19 .00 .00 .00		.00 .00 9.16 .00 .37 .00 .00 .00
ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV	0 0 2 0 2 0 0 0 0 0 0 0 2 MEDI-CAL SERVICES	0 0 65 0 23 0 0 0 0 0 23 S AND EXPENDITURES	иом з	.00 .00 3,226.00 .00 130.37 .00 .00 .00	EPORT	.00 .00 .00 49.63 .00 5.67 .00 .00 .00	.000 .000 .000 .185 .000 .065 .000 .000 .000	DEC	.00 .00 .00 .00 1613.00 .00 65.19 .00 .00 .00	P <i>l</i>	.00 .00 9.16 .00 .37 .00 .00 .00 .00 .37 AGE 771
ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024	0 0 2 0 2 0 0 0 0 0 0 2 MEDI-CAL SERVICES	0 0 65 0 23 0 0 0 0 0 23 S AND EXPENDITURES		.00 .00 .00 3,226.00 .00 130.37 .00 .00 .00 .00 .00 .130.37 TH-OF-PAYMENT RI	TROGE	.00 .00 .00 49.63 .00 5.67 .00 .00 .00	.000 .000 .000 .185 .000 .065 .000 .000 .000	DEC	.00 .00 .00 .00 1613.00 .00 65.19 .00 .00 .00	P <i>1</i>	.00 .00 9.16 .00 .37 .00 .00 .00
ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV	0 0 2 0 2 0 0 0 0 0 0 2 MEDI-CAL SERVICES	0 0 65 0 23 0 0 0 0 0 23 S AND EXPENDITURES		.00 .00 .00 3,226.00 .00 130.37 .00 .00 .00 .00 .00 .130.37 TH-OF-PAYMENT RI	EPORT	.00 .00 .00 49.63 .00 5.67 .00 .00 .00	.000 .000 .000 .185 .000 .065 .000 .000 .000 .000		.00 .00 .00 .00 1613.00 .00 65.19 .00 .00 .00 .00 .00		.00 .00 9.16 .00 .37 .00 .00 .00 .00 .37 AGE 771 01/29/04
ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY	0 0 0 2 0 2 0 0 0 0 0 0 0 0 2 MEDI-CAL SERVICES FEE-FOR-SERVICE/I SUMMARY OF SERVIC	0 0 65 0 23 0 0 0 0 0 23 S AND EXPENDITURES DENTAL CES FOR MN - SOC		.00 .00 .00 3,226.00 .00 130.37 .00 .00 .00 .00 .130.37 TH-OF-PAYMENT RI		.00 .00 .00 49.63 .00 5.67 .00 .00 .00 .00 .00	.000 .000 .000 .185 .000 .065 .000 .000 .000 .000 .000	ONT	.00 .00 .00 .00 1613.00 .00 .00 .00 .00 .00 .00 .00 .00	.GE -	.00 .00 9.16 .00 .37 .00 .00 .00 .00 .37 AGE 771 01/29/04
ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024	0 0 0 2 0 2 0 0 0 0 0 0 0 0 2 MEDI-CAL SERVICES FEE-FOR-SERVICE/I SUMMARY OF SERVIC	0 0 65 0 23 0 0 0 0 0 23 S AND EXPENDITURES DENTAL CES FOR MN - SOC		.00 .00 .00 3,226.00 .00 130.37 .00 .00 .00 .00 .00 .130.37 TH-OF-PAYMENT RI	AVE	.00 .00 .00 49.63 .00 5.67 .00 .00 .00 .00 .00 .7 FOR JAN 2	.000 .000 .000 .185 .000 .065 .000 .000 .000 .000 .065 2003 THRU 1	ONT	.00 .00 .00 .00 1613.00 .00 65.19 .00 .00 .00 .00 65.19 2003	.GE -	.00 .00 9.16 .00 .37 .00 .00 .00 .00 .37 AGE 771 01/29/04
ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY	0 0 0 2 0 2 0 0 0 0 0 0 0 0 2 MEDI-CAL SERVICES FEE-FOR-SERVICE/I SUMMARY OF SERVIC	0 0 65 0 23 0 0 0 0 0 23 S AND EXPENDITURES DENTAL CES FOR MN - SOC		.00 .00 .00 3,226.00 .00 130.37 .00 .00 .00 .00 .130.37 TH-OF-PAYMENT RI	AVE PER	.00 .00 .00 49.63 .00 5.67 .00 .00 .00 .00 .5.67 FOR JAN 2	.000 .000 .000 .185 .000 .065 .000 .000 .000 .000 .065 2003 THRU I	ONTI	.00 .00 .00 .00 1613.00 .00 65.19 .00 .00 .00 .00 .00 45.19 2003	.GE - (.00 .00 9.16 .00 .37 .00 .00 .00 .00 .37 AGE 771 01/29/04
ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY	0 0 0 2 0 2 0 0 0 0 0 0 0 0 2 MEDI-CAL SERVICES FEE-FOR-SERVICE/I SUMMARY OF SERVIC	0 0 65 0 23 0 0 0 0 0 0 23 S AND EXPENDITURES DENTAL CES FOR MN - SOC	- TC	.00 .00 .00 3,226.00 .00 130.37 .00 .00 .00 .00 .130.37 TH-OF-PAYMENT RI	AVE PER	.00 .00 .00 49.63 .00 5.67 .00 .00 .00 .00 .5.67 FOR JAN 2	.000 .000 .000 .185 .000 .065 .000 .000 .000 .000 .065 2003 THRU I	ONTI	.00 .00 .00 .00 1613.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.GE - (.00 .00 9.16 .00 .37 .00 .00 .00 .00 .37 AGE 771 01/29/04
ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 352 ELIGIBLES	0 0 2 0 2 0 0 0 0 0 0 0 2 MEDI-CAL SERVICES FEE-FOR-SERVICE/I SUMMARY OF SERVIC	0 0 0 65 0 23 0 0 0 0 0 23 S AND EXPENDITURES DENTAL CES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE	- TC	.00 .00 .00 3,226.00 .00 130.37 .00 .00 .00 .00 .130.37 TH-OF-PAYMENT RI	AVE PER	.00 .00 .00 49.63 .00 5.67 .00 .00 .00 .00 .5.67 FOR JAN 2	.000 .000 .000 .185 .000 .065 .000 .000 .000 .000 .065 2003 THRU I	ONTI	.00 .00 .00 .00 1613.00 .00 65.19 .00 .00 .00 .00 .00 45.19 2003	.GE - (.00 .00 9.16 .00 .37 .00 .00 .00 .00 .37 AGE 771 01/29/04
ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 352 ELIGIBLES	0 0 2 0 2 0 0 0 0 0 0 0 2 MEDI-CAL SERVICES FEE-FOR-SERVICE/I SUMMARY OF SERVIC	0 0 0 65 0 23 0 0 0 0 0 23 S AND EXPENDITURES DENTAL CES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE 427	- TC	.00 .00 .00 3,226.00 .00 130.37 .00 .00 .00 .00 .130.37 TH-OF-PAYMENT RI	AVE PER	.00 .00 .00 49.63 .00 5.67 .00 .00 .00 .00 .5.67 FOR JAN 2	.000 .000 .000 .185 .000 .065 .000 .000 .000 .000 .065 2003 THRU I	ONTI	.00 .00 .00 .00 1613.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.GE - (.00 .00 9.16 .00 .37 .00 .00 .00 .00 .37 AGE 771 01/29/04

NON-HSC HOSPITALS TOTAL	10	31		86,629.83		2794.51	.088		8662.98		246.11
ACCOMMODATIONS	10	31		20,470.97		660.35	.088		2047.10		58.16
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	10	31		20,470.97		660.35	.088		2047.10		58.16
ANCILLARIES	10	0		66,158.86		.00	.000		6615.89		187.95
INPATIENT CROSSOVERS	2	1		1,680.00		1680.00	.003		840.00		4.77
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	77	388		11,015.09		28.39	1.102		143.05		31.29
MEDICAL	36	55		2,765.21		50.28	.156		76.81		7.86
SURGERY	2	1		32.82		32.82	.003		16.41		.09
PATHOLOGY	31	143		1,356.68		9.49	.406		43.76		3.85
RADIOLOGY	27	33		3,298.71		99.96	.094		122.17		9.37
ROOM USE	37	54		1,796.88		33.28	.153		48.56		5.10
CROSSOVERS/ALL OTH OUTPTNT	32	102		1,764.79		17.30	.290		55.15		5.01
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	32 0 0 0 10 0	284	\$	32,754.76	\$	115.33	.807	\$	3275.48	\$	93.05
LEV A-INTERMEDIATE	0	0	•	.00	•	.00	.000	•	.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	10	284		32,754.76		115.33	.807		3275.48		93.05
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	•	.00	•	.00	.000	•	.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	6	7	\$	198.53	\$	28.36	.020	\$	33.09	\$.56
PATHOLOGY	6	7		198.53		28.36	.020		33.09		.56
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	57	97	\$	14,257.07	\$	146.98	.276	\$	250.12	\$	40.50
CLINIC	2	2		50.63		25.32	.006		25.32		.14
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	55	95		14,206.44		149.54	.270		258.30		40.36
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDIT	URES	MONTH-OF-PAYMENT R	EPOR	r for Jan 2	2003 THRU	DEC	2003	P	AGE 772
MOP024	FEE-FOR-SERVICE	:/DENTAL									01/29/04
AMADOR COUNTY	SUMMARY OF SERV	ICES FOR MN - S	SOC -	- TOTAL							
							M			GE	
352 ELIGIBLES	USERS	UNITS OF SERVI		EXPENDITURES		ERAGE COST					COST PER
		OR DAYS OF CAR	RE		PEI	R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	27	281	\$	1,924.09	\$	6.85	.798	\$	71.26	\$	5.47
DURABLE MED. EQUIP.	1	1		55.07		55.07	.003		55.07		.16
BIOOD BANK	0	Λ		0.0		0.0	000		0.0		0.0

352 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	27	281 \$	1,924.09	\$ 6.85	.798 \$	71.26	\$ 5.47
DURABLE MED. EQUIP.	1	1	55.07	55.07	.003	55.07	.16
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	6	36	612.49	17.01	.102	102.08	1.74
AMBULANCES/AIR TRANS	5	25	464.21	18.57	.071	92.84	1.32
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	11	148.28	13.48	.031	148.28	.42
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00

IHMC, MODEL-NF, NF, AIDS, MSSP	2	4		798.90	199.73	.011	399.45	2.27
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	6	14		136.60	9.76	.040	22.77	.39
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	3	4		39.94	9.99	.011	13.31	.11
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	10	222		281.09	1.27	.631	28.11	.80
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	48	324	\$	11,624.21	\$ 35.88	.920	\$ 242.17	\$ 33.02
* TOTAL IN THESE LINES ADE CIVEN	AC A CEDADAME	TATEODMATETON	TUDM ONT	77.				

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 773
MOP024 FEE-FOR-SERVICE/DENTAL
AMADOR COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - AGED AID CODE 13

					MON'	THLY AVERAGE	:
1,118 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	1,105	41,497 \$	3,526,699.54	\$ 84.99	37.117 \$	3191.58 \$	3154.47
@PHYSICIANS SERVICES	69	229 \$	1,952.60	\$ 8.53	.205 \$	28.30 \$	1.75
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	1	1	.00	.00	.001	.00	.00
HOSPITAL VISITS	1	1	.00	.00	.001	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	2	137	.00	.00	.123	.00	.00
PRINCIPAL SURGEON	2	2	.00	.00	.002	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	135	.00	.00	.121	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	1	1	8.57	8.57	.001	8.57	.01
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	66	90	1,944.03	21.60	.081	29.46	1.74
@PHARMACY	941	8,236 \$	298,633.71	\$ 36.26	7.367 \$	317.36 \$	267.11
PRESCRIPTION DRUGS	937	5,945	297,647.00	50.07	5.318	317.66	266.23

SNF/ICF	895	5,793		293,712.95		50.70	5.182	328.17		262.71
OUTPATIENTS	53	152		3,934.05		25.88	.136	74.23		3.52
MEDICAL SUPPLIES	11	2,291		986.71		.43	2.049	89.70		.88
@DENTIST	42	91	\$	4,589.00	\$	50.43	.081	\$ 109.26	\$	4.10
VISITS - DIAGNOSTIC	42	74	•	1,384.00	·	18.70	.066	32.95		1.24
ORAL SURGERY	0	0		.00		.00	.000	.00		.00
DRUGS	0	0		.00		.00	.000	.00		.00
ANESTHESIA	0	0		.00		.00	.000	.00		.00
PERIODONTICS	0	0		.00		.00	.000	.00		.00
ENDODONTICS	0	0		.00		.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00		.00
PROSTHETICS	0	0		.00		.00	.000	.00		.00
DENTURES, STAYPLATES	8	17		3,205.00		188.53	.015	400.63		2.87
SPACE MAINTAINERS	0	0		.00		.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITUR	RES I	MONTH-OF-PAYMENT R	REPORT	r for Jan 2	2003 THRU D	EC 2003	P	AGE 774
MOP024	FEE-FOR-SERVICE	/DENTAL								01/29/04
AMADOR COUNTY	SUMMARY OF SERVI	ICES FOR MN - LC	NG :	FERM CARE - AGED		AID CODE	13			
							MO	NTHLY AVERA	GE	
1,118 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AVE	ERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE]		PEF	R UNIT/DAY		USER		ELIGIBLE
@OPTOMETRIST	10	15	\$	262.60	\$	17.51	.013	\$ 26.26	\$.23
DIAGNOSTIC AND ANC. PROCED	5	5		102.20		20.44	.004	20.44		.09
EYE APPLIANCES	4	8		126.44		15.81	.007	31.61		.11
OTHER OPTOMETRIC SERVICES	1	2		33.96		16.98	.002	33.96		.03
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	•	\$.00
VISITS	0	0		.00		.00	.000	.00		.00
OTHER SERVICES	0	0		.00		.00	.000	.00		.00
@PODIATRIST	152	156	\$	1,498.74	\$	9.61	.140	\$ 9.86	\$	1.34

		OR DAYS OF CAR	E		PEF	R UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	10	15	\$	262.60	\$	17.51	.013	\$ 26.26	\$.23
DIAGNOSTIC AND ANC. PROCED	5	5		102.20		20.44	.004	20.44	.09
EYE APPLIANCES	4	8		126.44		15.81	.007	31.61	.11
OTHER OPTOMETRIC SERVICES	1	2		33.96		16.98	.002	33.96	.03
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000	.00	.00
OTHER SERVICES	0	0		.00		.00	.000	.00	.00
@PODIATRIST	152	156	\$	1,498.74	\$	9.61	.140	\$ 9.86	\$ 1.34
MEDICINE/INJECTIONS	0	0		.00		.00	.000	.00	.00
SURGERY/ANES.	0	0		.00		.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00	.00
OTHER	152	156		1,498.74		9.61	.140	9.86	1.34
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	5	15	\$	3,325.10	\$	221.67	.013	\$ 665.02	\$ 2.97
HOSP INPATIENT TOTAL	4	13		3,321.40		255.49	.012	830.35	2.97
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	4	13		3,321.40		255.49	.012	830.35	2.97
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1	2		3.70		1.85	.002	3.70	.00
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	0	0		.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1	2		3.70		1.85	.002	3.70	.00
@COUNTY HOSPITAL TOTAL	1	2	\$	3.70	\$	1.85	.002	\$ 3.70	\$.00

CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	2	3.70	1.85	.002	3.70	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

CROSSOVERS/ALL OTH OUTPINT 1 2 3.70 1.85 .002

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
MOP024 FEE-FOR-SERVICE/DENTAL
AMADOR COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - AGED ALD CODE 13

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01/29/04

PAGE 775

3.70

AMADOR COUNTY	SUMMARY OF SERV	ICES FOR MN - LONG	TERM CARE - AGED	AID CODE	13		
					MON'	THLY AVERA	GE
1,118 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	4	13 \$	3,321.40	\$ 255.49	.012 \$	830.35	\$ 2.97
COMM HOSP INPATIENT TOTAL	4	13	3,321.40	255.49	.012	830.35	2.97
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00		.00	.00
ALL OTHER ACCOM	0	0			.000		
ANCILLARIES	U		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	4	13	3,321.40	255.49	.012	830.35	2.97
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	923	31,371 \$	3,200,947.54	\$ 102.04	28.060 \$		\$ 2863.10
LEV A-INTERMEDIATE	0	. 0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	3	113	57,874.33	512.16	.101	19291.44	51.77
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	920	31,258	3,143,073.21	100.55	27.959	3416.38	2811.34
@INTERMEDIATE CARE FACILDD	0	0 \$.00	\$.00	.000 \$		\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
HOSPITAL BASED	0	0 \$.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
	0	0 \$		\$.00		.00	\$.00
@REHABILITATION FACILITY	0	0 Ş 0	.00	•	.000 \$		
HOSPITAL BASED	0	· ·	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0 \$.00	\$.00	.000 \$.00	\$.00
PATHOLOGY	0	U	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	1	1 \$	206.00	\$ 206.00	.001 \$	206.00	\$.18
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	1	1	206.00	206.00	.001	206.00	.18
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN	2003 THRU DE	C 2003	PAGE 776
MOP024	FEE-FOR-SERVICE	I/DENTAL					01/29/04
AMADOR COUNTY	SUMMARY OF SERV	VICES FOR MN - LONG	TERM CARE - AGED	AID CODE	13		
					MON'		
1,118 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	55	1,383 \$	15,284.25	\$ 11.05	1.237 \$	277.90	\$ 13.67

Di	URABLE MED. EQUIP.	8	46		5,083.48	110.51	.041	635.44	4.55	,
B:	LOOD BANK	0	0		.00	.00	.000	.00	.00)
H	EARING AID DISPENSERS	1	1		118.23	118.23	.001	118.23	.11	
M	EDICAL TRANSPORTATION	19	89		832.81	9.36	.080	43.83	.74	٤
	AMBULANCES/AIR TRANS	1	2		110.71	55.36	.002	110.71	.10	,
	OTHER TRANS	9	46		298.60	6.49	.041	33.18	.27	/
	OTHER SERVICES	10	41		423.50	10.33	.037	42.35	.38	į
A	CUPUNCTURE	0	0		.00	.00	.000	.00	.00	1
A)	DULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00	,
G:	ENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00	,
I	HMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00	,
00	CCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00	,
0	PTICIAN	5	16		186.26	11.64	.014	37.25	.17	1
Pl	HYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00)
P	ORTABLE X-RAY	2	4		2.51	.63	.004	1.26	.00)
Pl	ROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00)
	PROSTHETICS	0	0		.00	.00	.000	.00	.00)
	ORTHOTICS	0	0		.00	.00	.000	.00	.00)
P	SYCHOLOGIST	4	4		22.56	5.64	.004	5.64	.02	1
S	PEECH AND AUDIOLOGY	2	2		682.72	341.36	.002	341.36	.61	
H	OSPICE SERVICES	2	71		7,716.39	108.68	.064	3858.20	6.90)
N	ONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00	j
L	OCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00	j
E	PSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00	j
R.	ESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00)
P	ED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00	j
A:	LL OTHER PROVIDERS	15	1,150		639.29	.56	1.029	42.62	.57	
	LIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000			
	VER EXCLUDING STATE HOSP**	271	3,621	\$	61,153.52	\$ 16.89	3.239	\$ 225.66	\$ 54.70	j
@* r	TOTAL THE THEOR LINES ADD CIT	עמעמים ע טע זעיין	THE TATE OF MARKET ON	TUTULA	ONTE SZ •					

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 777
MOPO 24 FEE-FOR-SERVICE/DENTAL 01/29/04
AMADOR COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND AID CODE 23

DOMINITED OF DELICA	TCDD TOR PRIVE DONG T	DICIT CITICE DELIND	TITD CODE	23		
				MON'	THLY AVERAGI	E
USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
0	0 \$.00	\$.00	.000 \$.00	\$.00
0	0 \$.00	\$.00	.000 \$.00	\$.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
		USERS UNITS OF SERVICE	USERS UNITS OF SERVICE OR DAYS OF CARE 0 0 \$.00 0 0 \$.00 0 0 .00	USERS UNITS OF SERVICE OR DAYS OF CARE OR DAYS OF CARE OR DER UNIT/DAY 0 0 \$.00 \$.00 \$.00 0 0 \$.00 \$.00 0 0 \$.00 \$.00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .0	USERS	USERS UNITS OF SERVICE OR DAYS OF CARE OR DAYS

ASSISTANT SURGEON	Ω	0		.00	(. 00	00	.00		.00
ANESTHESIOLOGIST	0	0		.00			00	.00		.00
DIALYSIS	0	Ô		.00			00	.00		.00
PATHOLOGY	0	0		.00			000	.00		.00
RADIOLOGY	0	0		.00			00	.00		.00
PSYCHIATRY	0	0		.00			000	.00		.00
IMMUNIZATION AND INJECTION	0	0		.00			00	.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00			00	.00		.00
@PHARMACY	0	0	Ċ	.00			000	\$.00		.00
PRESCRIPTION DRUGS	0	0	Ą	.00	•		000	.00		.00
SNF/ICF	0	0		.00			000	.00		.00
OUTPATIENTS	0	0		.00			000	.00		.00
MEDICAL SUPPLIES	0	0		.00			000	.00		.00
	0	0	۲.	.00						
@DENTIST	0	0	Ş		•		000			.00
VISITS - DIAGNOSTIC	0	0		.00			000	.00		.00
ORAL SURGERY	0	0		.00			000	.00		.00
DRUGS	0	0		.00			000	.00		.00
ANESTHESIA	0	0		.00			000	.00		.00
PERIODONTICS	0	0		.00			000	.00		.00
ENDODONTICS	0	0		.00			000	.00		.00
RESTORATIVE DENTISTRY	0	0		.00			000	.00		.00
PROSTHETICS	0	0		.00			000	.00		.00
DENTURES, STAYPLATES	0	0		.00			000	.00		.00
SPACE MAINTAINERS	0	0		.00			000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00			000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00			000	.00		.00
ORTHODONTIC SERVICES	0	0		.00	. (00 . (00	.00		.00
ALL OTHER SERVICES	0	0		.00	. (00 . (00	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITUE	RES MON	TH-OF-PAYMENT REI	PORT FOR (JAN 2003 TH	IRU I	DEC 2003	P	AGE 778
MOP024	FEE-FOR-SERVICE/DENTAL									01/29/04
AMADOR COUNTY	SUMMARY OF SERVICES FOR	MN - LO	ONG TER	RM CARE - BLIND	AID (CODE 23				
							- M	ONTHLY AVER	AGE	

						M	ON.T.	HLY AVERA	GΕ	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVER	AGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00		.00
EYE APPLIANCES	0	0	.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	0	0	.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.000		.00		.00
ANCILLARIES	0	0	.00		.00	.000		.00		.00

T110.7 ET ET ET CD.0.00.0110.0	0	^		0.0	0.0	0.00	0.0	0.0
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	U	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00 \$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITURE	S MONTH-OF-PA	AYMENT REPO	RT FOR JAN 200	3 THRU DEC	2003	PAGE 779
MOP024	FEE-FOR-SERVICE/DENTAL							01/29/04
AMADOR COUNTY	SUMMARY OF SERVICES FOR	MN - LON	G TERM CARE -	- BLIND	AID CODE 23			
						MONT	HLY AVERAG	E

					MON	IHLI AVERAGE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00 \$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$.00 \$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$.00	\$.00	.000 \$.00 \$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000 \$.00 \$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000 \$.00 \$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000 \$.00 \$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000 \$.00 \$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000 \$.00 \$.00
CLINIC	0	0	.00	.00	.000	.00	.00

SURGICENTER	0	0	.00	.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00		.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2003 THRU DEC	2003	PAGE	780
MOP024	FEE-FOR-SERVICE/DENTA	L					01/2	29/04
AMADOR COUNTY	SIMMARY OF SERVICES FO	OP MN - LONG	TERM CARE - BLIND	AID CODE	23			

In in indicate Country	DOMINITAL OF DELICATOR	DO LOIC LIN DOIG ID	ICIT CITICE DELIVE	TILD CODE	23		
					MON'	THLY AVERAG	E
00 ELIGIBLES	USERS U	NITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
<pre>IHMC,MODEL-NF,NF,AIDS,MSSP</pre>	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00	\$.00
⊕* TOTATO IN TURCE IINEC ADE	CITIENT AC A CEDADAT	E TNEODMATTON TTEM O	MT V:				

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE. ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 781 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

AMADOR COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - DISABLED AID CODE 63

111111111111111111111111111111111111111	DOIMERT OF DELL			0		• •		
						MON	ITHLY AVERA	GE
94 ELIGIBLES	USERS	UNITS OF SERVIC	Έ	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	EΕ		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	90	3,298	\$	399,774.46	\$ 121.22	35.085 \$	4441.94	\$ 4252.92
@PHYSICIANS SERVICES	23	141	\$	5,829.51	\$ 41.34	1.500 \$	253.46	\$ 62.02
OUTPATIENT VISITS	3	3		138.83	46.28	.032	46.28	1.48
OFFICE VISITS	3	3		138.83	46.28	.032	46.28	1.48
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	12	87		2,935.11	33.74	.926	244.59	31.22
HOSPITAL VISITS	4	78		2,613.91	33.51	.830	653.48	27.81
CRITICAL CARE	0	0		.00	.00	.000	.00	.00

SNF/ICF/TRANS IP CARE	8	9	321.20	35.69	.096	40.15	3.42
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	3	5	277.93	55.59	.053	92.64	2.96
PRINCIPAL SURGEON	3	5	277.93	55.59	.053	92.64	2.96
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	4	13	1,489.49	114.58	.138	372.37	15.85
PRINCIPAL SURGEON	4	7	1,354.85	193.55	.074	338.71	14.41
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	6	134.64	22.44	.064	134.64	1.43
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	4	190.94	47.74	.043	95.47	2.03
RADIOLOGY	9	12	213.52	17.79	.128	23.72	2.27
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	8	17	583.69	34.33	.181	72.96	6.21
@PHARMACY	76	673 \$	35,171.70 \$		7.160	\$ 462.79	\$ 374.17
PRESCRIPTION DRUGS	76	672	35,157.27	52.32	7.149	462.60	374.01
SNF/ICF	76	670	35,333.29	52.74	7.128	464.91	375.89
OUTPATIENTS	0	2	176.02CR	88.01CR	.021	.00	1.87CR
MEDICAL SUPPLIES	1	1	14.43	14.43	.011	14.43	.15
@DENTIST	2	6 \$	47.00 \$	7.83	.064	\$ 23.50	\$.50
VISITS - DIAGNOSTIC	2	6	47.00	7.83	.064	23.50	.50
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV			MONTH-OF-PAYMENT REPO	ORT FOR JAN	2003 THRU I	DEC 2003	PAGE 782
MOP024	FEE-FOR-SERVICE/D						01/29/04
AMADOR COUNTY	SUMMARY OF SERVIC	ES FOR MN - LONG	TERM CARE - DISABLED	AID CODE			
						ONTHLY AVERA	
94 ELIGIBLES	USERS U	NITS OF SERVICE	EXPENDITURES A	AVERAGE COST	UNITS/DAYS	COST PER	COST PER

OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 2 @OPTOMETRIST 3 186.31 62.10 .032 \$ 93.16 \$ 1.98 DIAGNOSTIC AND ANC. PROCED 18.00 18.00 .011 18.00 .19 168.31 168.31 84.16 .021 1.79 EYE APPLIANCES OTHER OPTOMETRIC SERVICES 0 .00 .00 .000 .00 .00 0 .00 .00 .00 .000 \$.00 @CHIROPRACTOR VISITS 0 .00 .00 .000 .00 .00 0 OTHER SERVICES .00 .00 .000 .00 .00 @PODIATRIST 40.72 5.82 .074 \$ 5.82 \$.43 MEDICINE/INJECTIONS 0 .00 .00 .000 .00 .00 .00 SURGERY/ANES. .00 .000 .00 .00 RADIO./PATHOLOGY 0 .00 .000 .00 .00 .00 40.72 5.82 OTHER 5.82 .074 .43 @HOME HEALTH AGENCY 0 0 .00 .00 .000 \$.00 .00 NURSE ANESTHESIST 0 .00 \$.00 .00 \$.00 .000 \$ 0 \$ NURSE MIDWIFE .00 .00 .000 \$.00 \$.00 \$ PEDIATRIC NURSE PRACTITIONER .00 .00 .000 \$.00 \$.00

FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	10	105	Ė	44,710.17	Ė	425.81	1.117		4471.02		475.64
HOSP INPATIENT TOTAL	2	50	·	43,251.29	•	865.03	.532	•	21625.65		460.12
HSC HOSPITALS	1	29		35,090.00		1210.00	.309		35090.00		373.30
NON-HSC HOSPITAL TOTAL	2	21		8,161.29		388.63	.223		4080.65		86.82
ACCOMMODATIONS	2	21		4,322.36		205.83	.223		2161.18		45.98
ADMINISTRATIVE DAYS	_ 1	20		3,691.60		184.58	.213		3691.60		39.27
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	1		630.76		630.76	.011		630.76		6.71
ANCILLARIES	2	0		3,838.93		.00	.000		1919.47		40.84
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	9	55		1,458.88		26.53	.585		162.10		15.52
MEDICAL	1	1		18.08		18.08	.011		18.08		.19
SURGERY	1	1		82.70		82.70	.011		82.70		.88
PATHOLOGY	9	46		543.83		11.82	.489		60.43		5.79
RADIOLOGY	3	4		592.55		148.14	.043		197.52		6.30
ROOM USE	1	3		221.72		73.91	.032		221.72		2.36
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	Ś	.00	Ś	.00
CO HOSPITAL INPATIENT TOTAL	0	0	τ	.00	т	.00	.000	Ψ.	.00	Υ	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
	MEDI-CAL SERVICES AND E	XPENDITUR	ES MONT		POR'			DEC		P.	AGE 783
MOP024	FEE-FOR-SERVICE/DENTAL								_ , , ,		01/29/04
AMADOR COUNTY	SUMMARY OF SERVICES FOR	MN - LO	NG TERM	CARE - DISABLE	:D	AID CODE 6	3				,, 01
								ONT	HLY AVERA	GE -	
04 81 7078780	HODDO INITEO O	- a		HANDAMD THUDDO	70 77 77				300E DED		OCE DED

USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
10	105 \$	44,710.17	\$ 425.81	1.117 \$	4471.02	\$ 475.64
2	50	43,251.29	865.03	.532	21625.65	460.12
1	29	35,090.00	1210.00	.309	35090.00	373.30
2	21	8,161.29	388.63	.223	4080.65	86.82
2	21	4,322.36	205.83	.223	2161.18	45.98
1	20	3,691.60	184.58	.213	3691.60	39.27
0	0	.00	.00	.000	.00	.00
1	1	630.76	630.76	.011	630.76	6.71
2	0	3,838.93	.00	.000	1919.47	40.84
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
9	55	1,458.88	26.53	.585	162.10	15.52
1	1	18.08	18.08	.011	18.08	.19
1	1	82.70	82.70	.011	82.70	.88
9	46	543.83	11.82	.489	60.43	5.79
3	4	592.55	148.14	.043	197.52	6.30
1	3	221.72	73.91	.032	221.72	2.36
	USERS 10 2 1 2 2 1 0 0 1 2 0 0 9 1 1 9 3 1	OR DAYS OF CARE 10	OR DAYS OF CARE 10	OR DAYS OF CARE 10	OR DAYS OF CARE PER UNIT/DAY PER ELIG 10 105 \$ 44,710.17 \$ 425.81 1.117 \$ 2 50 43,251.29 865.03 .532 \$ 1 29 35,090.00 1210.00 .309 \$ 2 21 8,161.29 388.63 .223 .233 .223 .233 .223 .233 .223 .233 .223 .233 .223 .233 .233 .223 .233 .233 .233 .233 .200 .200 .200	OR DAYS OF CARE PER UNIT/DAY PER ELIG USER 10 105 \$ 44,710.17 \$ 425.81 1.117 \$ 4471.02 2 50 43,251.29 865.03 .532 21625.65 1 29 35,090.00 1210.00 .309 35090.00 2 21 8,161.29 388.63 .223 4080.65 2 21 4,322.36 205.83 .223 2161.18 1 20 3,691.60 184.58 .213 3691.60 0 0 .00 .00 .00 .00 1 1 630.76 630.76 .011 630.76 2 0 3,838.93 .00 .000 .00 2 0 3,838.93 .00 .000 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00

CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	66	2,272	\$	310,567.80	\$	136.69	24.170	\$	4705.57	\$	3303.91
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	5	191		106,576.31		557.99	2.032		21315.26		1133.79
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	61	2,081		203,991.49		98.03	22.138		3344.12		2170.12
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	1	1	\$	60.25	\$	60.25	.011	\$	60.25	\$.64
PATHOLOGY	1	1		60.25		60.25	.011		60.25		.64
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	1	1	\$	206.00	\$	206.00	.011	\$	206.00	\$	2.19
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	1	1		206.00		206.00	.011		206.00		2.19
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	EXPENDIT	JRES	MONTH-OF-PAYMENT RE	POR:	r for Jan	2003 THRU	DEC	2003	P	AGE 784
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
AMADOR COUNTY	SUMMARY OF SERVICES FOR	2 MN - I	LONG	TERM CARE - DISABLE	D	AID COD					
							M	TNO	HLY AVERA	GE	

94 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	15	89 \$	2,955.00	\$ 33.20	.947 \$	197.00	\$ 31.44
DURABLE MED. EQUIP.	3	7	308.76	44.11	.074	102.92	3.28
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	8	63	1,023.68	16.25	.670	127.96	10.89
AMBULANCES/AIR TRANS	5	17	713.66	41.98	.181	142.73	7.59
OTHER TRANS	5	46	310.02	6.74	.489	62.00	3.30
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
<pre>IHMC,MODEL-NF,NF,AIDS,MSSP</pre>	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	40.30	20.15	.021	40.30	.43
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	2	2	31.41	15.71	.021	15.71	.33
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	1	13	1,437.28	110.56	.138	1437.28	15.29
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00

RESPIRATORY CARE PRACT. PED SUBACUTE REHAB/WEANING ALL OTHER PROVIDERS @CALIF. CHILDREN SERVICES* @XOVER EXCLUDING STATE HOSP** @* TOTALS IN THESE LINES ARE		0 0 2 0 17	\$ \$ TEM	.00 .00 113.57 .00 16,173.10	\$.00 .00 56.79 .00 951.36	.000 .000 .021 .000 .181	\$ \$.00 .00 56.79 .00 898.51	\$.00 .00 1.21 .00 172.05
THE AMOUNTS ARE ALREADY IN	CLUDED IN THE APPR	OPRIATE DETAIL	LINE	-							
#CALIF DEPT OF HEALTH SERV MOP024	FEE-FOR-SERVICE/D	AND EXPENDITUR	ES M	MONTH-OF-PAYMENT R				DEC	2003	P	AGE 785 01/29/04
AMADOR COUNTY	SUMMARY OF SERVIC	ES FOR MN - LC	NG T	CERM CARE - FAMILI	ES	DISCONTINU	_	_N.T.	HLY AVERA	CF .	
00 ELIGIBLES		NITS OF SERVICE OR DAYS OF CARE		EXPENDITURES		ERAGE COST	UNITS/DAY	S	COST PER USER	(COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS @PHYSICIANS SERVICES	0 0	0 0	\$ \$.00	\$.00	.000	\$ \$.00	\$ \$.00

OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$.00	\$.00	.000 \$.00 \$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00	\$.00	.000 \$.00 \$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES MONT	H-OF-PAYMENT REPO	ORT FOR JAN 20	003 THRU DEC	2003	PAGE 786
MOP024	FEE-FOR-SERVICE/I						01/29/04
AMADOR COUNTY	SUMMARY OF SERVIC	ES FOR MN - LONG TERM	CARE - FAMILIES				
					MONTH		
00 ELIGIBLES	USERS U	NITS OF SERVICE		AVERAGE COST (COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST	0	0 \$		\$.00	.000 \$.00 \$	
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$.00 \$	•	.000 \$.00 \$	
VISITS	0	0	.00	.00	.000	.00	.00

OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$.00		.000 \$		\$.00
	Ü			•		.00	
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
	Ü						
@HOME HEALTH AGENCY	0	0 \$.00	\$.00	.000 \$.00	\$.00
NURSE ANESTHESIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
NURSE MIDWIFE	0	0 \$.00	\$.00	.000 \$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
	0	·		•	·		•
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
@TOTAL HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
	0	•					
NON-HSC HOSPITAL TOTAL	Ü	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	Ω	Λ	.00	.00	.000	.00	.00
	0	0					
ALL OTHER ACCOM	Ü	Ü	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
	0	0					
HOSP OUTPATIENT TOTAL	Ū	Ü	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	Ο	.00	.00	.000	.00	.00
	0	0					
RADIOLOGY	U	-	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	•	.000	.00	.00
	Ü	•		.00			
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
	0	0					
TRANSITIONAL IP CARE	0	Ü	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	Ô	0	.00	.00	.000	.00	.00
	0	0					
ALL OTHER INPATIENT	Ü	Ü	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0					
	Ü	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES					PAGE 787
			MONITI-OF-PAIMENT KI	SPORT FOR UAN	ZUUS TIIKU DEC	2003	
MOP024	FEE-FOR-SERVICE						01/29/04
AMADOR COUNTY	SUMMARY OF SERV	ICES FOR MN - LONG	TERM CARE - FAMILIE	ES DISCONTIN	UED		
					MONT	HLY AVERA	GE
00 ELIGIBLES	IISERS	UNITS OF SERVICE	PARITHLUMACKA	AVERAGE COST			
00 ETTGIDIED	00110		TAL TIND I LOKED				
	-	OR DAYS OF CARE		PER UNIT/DAY			ELIGIBLE
@COMMUNITY HOSPITAL TOTAL		0 \$		\$.00	.000 \$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS					.000	.00	
	Ω	Λ	(111)				
	0	0	.00	.00			
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	0 0 0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0 0 0 0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	0 0 0 0	0	.00	.00	.000	.00	.00

ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
	0	0					
INPATIENT CROSSOVERS	Ü	U	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	Ω	Ω	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
	0	U					
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	Ô	.00	.00	.000	.00	.00
	0	0 4					
@STATE HOSPITAL	Ü	0 \$.00	\$.00	.000 \$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$.00	\$.00	.000 \$.00	\$.00
LEV A-INTERMEDIATE	0	0 7	.00	.00	.000	.00	.00
	0	0					
LEV B-REHAB MD	U	U	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	n	Û	.00	.00	.000	.00	.00
	0	0	.00			.00	.00
LEV B-REGULAR	U	•		.00	.000		
@INTERMEDIATE CARE FACILDD	0	0 \$.00	\$.00	.000 \$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
	0	-					
@HEMODIALYSIS TOTAL	Ü	0 \$.00	\$.00	.000 \$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0 \$.00	\$.00	.000 \$.00	\$.00
HOSPITAL BASED	0	n · ·	.00	.00	.000	.00	.00
	0	0					
INDEPENDENT FACILITY	Ü	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0 \$.00	\$.00	.000 \$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0 \$.00	\$.00	.000 \$.00	\$.00
	0	0 \$		•			•
CLINIC	Ū	U	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAI SERVIO	CES AND EXPENDITURES MO					PAGE 788
MOP024	FEE-FOR-SERVICE		ONTH OF THE MENT IN	BIORI TOR STAN	2005 TIMO DEC	. 2005	01/29/04
							01/29/04
AMADOR COUNTY	SUMMARY OF SERV	JICES FOR MN - LONG T	ERM CARE - FAMILI	ES DISCONTING			
					MONT	HLY AVERAC	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	\$.00
	0	•		•			·
DURABLE MED. EQUIP.	U	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
	0						
OTHER TRANS	Ü	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
	•	0					
IHMC, MODEL-NF, NF, AIDS, MSSP	0	U	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	U	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 789
MOP024 FEE-FOR-SERVICE/DENTAL
AMADOR COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - TOTAL

----- MONTHLY AVERAGE -----

1,212 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 44,795 87.65 36.960 \$ 3285.75 \$ 3239.67 @TOTAL, ALL PROVIDERS 1,195 3,926,474.00 \$ 92 @PHYSICIANS SERVICES 370 7,782.11 21.03 .305 \$ 84.59 \$ 6.42 3 OUTPATIENT VISITS 3 138.83 46.28 .002 46.28 .11 138.83 46.28 46.28 OFFICE VISITS .002 .11 HOME VISITS .00 .00 .000 .00 EMERGENCY ROOM .00 .00 .000 .00 .00 PREVENTIVE CARE .00 .00 .000 .00 .00 OB VISITS/COMPRE PERI .00 0 .00 .000 .00 .00 .00 .00 .000 .00 OTHER OUTPATIENT .00 88 2,935.11 33.35 .073 225.78 INPATIENT VISITS 2.42 HOSPITAL VISITS 79 2,613.91 33.09 .065 522.78 2.16 CRITICAL CARE 0 .00 .00 .000 .00 .00 321.20 35.69 40.15 SNF/ICF/TRANS IP CARE .007 .27 OPHTHALMOLOGICAL SERVICES .00 .00 .000 .00 .00 **EXAMINATIONS** .00 .00 .000 .00 .00 0 .00 .000 SERVICES AND MATERIALS .00 .00 .00 INPATIENT HOSPITAL SURGERY 142 277.93 1.96 .117 55.59 .23 277.93 55.59 PRINCIPAL SURGEON 39.70 .006 .23 ASSISTANT SURGEON Ω .00 .00 .000 .00 .00 ANESTHESIOLOGIST 135 .00 .00 .00 .111 .00 372.37 OUTPATIENT SURGERY 13 1,489.49 114.58 .011 1.23 1,354.85 193.55 .006 338.71 PRINCIPAL SURGEON 1.12 .00 .00 .000 .00 .00 ASSISTANT SURGEON ANESTHESIOLOGIST 134.64 22.44 .005 134.64 .11 .00 .00 .00 DIALYSIS 0 .000 .00 PATHOLOGY 4 190.94 47.74 .003 95.47 .16 RADIOLOGY 10 13 222.09 17.08 .011 22.21 .18 .00 .00 .00 **PSYCHIATRY** .000 .00 IMMUNIZATION AND INJECTION 0 0 .00 .00 .000 .00 .00 OTHER SERVICES/ALL X-OVERS 74 107 2,527.72 23.62 .088 34.16 2.09 @PHARMACY 1,017 8,909 333,805.41 37.47 7.351 \$ 328.23 \$ 275.42 1,013 6,617 50.30 5.460 328.53 PRESCRIPTION DRUGS 332,804.27 274.59 971 6,463 329,046.24 50.91 5.333 338.87 271.49 SNF/ICF 53 24.40 70.91 OUTPATIENTS 154 3,758.03 .127 3.10 2,292 12 1.891 83.43 MEDICAL SUPPLIES 1,001.14 .44 .83 @DENTIST 44 4,636.00 47.79 .080 \$ 105.36 \$ 3.83

VISITS - DIAGNOSTIC	44	80	1,431.00	17.89	.066	32.52	1.18
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	8	17	3,205.00	188.53	.014	400.63	2.64
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2003 THRU DE	C 2003	PAGE 790
MOP024	FEE-FOR-SERVICE/DENT	'AL					01/29/04

ANADOR COUNTI	BUMMAKI OF BEKVICE	ab rok rin	поио	тыки	CARE TOTAL			M	ОМТ	TT.V AVERA	GE .	
1,212 ELIGIBLES	USERS UN	NITS OF SERVI	CE		EXPENDITURES	Δ1/1	ERAGE COST			COST PER		COST PER
1,212 111011110		OR DAYS OF CA			DMI DNDI TONDO		R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	12	18	\$		448.91	\$	24.94	.015		37.41		.37
DIAGNOSTIC AND ANC. PROCED	6	6	۲		120.20	٧	20.03	.005	٧	20.03	Y	.10
EYE APPLIANCES	O E	10			294.75		29.48	.003		58.95		.24
OTHER OPTOMETRIC SERVICES	1	2			33.96		16.98	.008		33.96		.03
	0	0	\$.00	\$.00	.002	۲,	.00	۲,	.00
@CHIROPRACTOR	0	0	Ą			Ą			Ą		Ą	
VISITS	0	~			.00		.00	.000		.00		.00
OTHER SERVICES	_	0	4		.00		.00	.000		.00		.00
@PODIATRIST	159	163	\$		1,539.46	\$	9.44	.134	\$		\$	1.27
MEDICINE/INJECTIONS	0	0			.00		.00	.000		.00		.00
SURGERY/ANES.	0	0			.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0			.00		.00	.000		.00		.00
OTHER	159	163			1,539.46		9.44	.134		9.68		1.27
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000		.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	15	120	\$		48,035.27	\$	400.29	.099	\$	3202.35	\$	39.63
HOSP INPATIENT TOTAL	6	63	·		46,572.69	•	739.25	.052	·	7762.12	•	38.43
HSC HOSPITALS	1	29			35,090.00		1210.00	.024		35090.00		28.95
NON-HSC HOSPITAL TOTAL	2	21			8,161.29		388.63	.017		4080.65		6.73
ACCOMMODATIONS	2	21			4,322.36		205.83	.017		2161.18		3.57
ADMINISTRATIVE DAYS	1	20			3,691.60		184.58	.017		3691.60		3.05
TRANSITIONAL IP CARE	0	0			.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	1			630.76		630.76	.001		630.76		.52
ANCILLARIES	2	0			3,838.93		.00	.000		1919.47		3.17
INPATIENT CROSSOVERS	Z //	13			3,321.40		255.49	.011		830.35		2.74
	0	0			.00		.00	.000		.00		.00
ALL OIRER INPAILENT	10	57			1,462.58					146.26		1.21
HOSP OUTPATIENT TOTAL MEDICAL	1	1			1,462.56		25.66 18.08	.047 .001		18.08		.01
	1	1								82.70		.07
SURGERY	1				82.70		82.70	.001				
PATHOLOGY	9	46			543.83		11.82	.038		60.43		.45
RADIOLOGY	3	4			592.55		148.14	.003		197.52		.49
ROOM USE	1	3			221.72		73.91	.002		221.72		.18
CROSSOVERS/ALL OTH OUTPTNT	1	2	4.		3.70		1.85	.002	4.	3.70	4.	.00
@COUNTY HOSPITAL TOTAL	1	2	\$		3.70	\$	1.85	.002	Ş	3.70	Ş	.00
CO HOSPITAL INPATIENT TOTAL	0	0			.00		.00	.000		.00		.00
HSC HOSPITALS	0	0			.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0			.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0			.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0			.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0			.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0			.00		.00	.000		.00		.00
ANCILLARIES	0	0			.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0			.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0			.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	1	2			3.70		1.85	.002		3.70		.00
MEDICAL	0	0			.00		.00	.000		.00		.00
SURGERY	0	0			.00		.00	.000		.00		.00
PATHOLOGY	0	0			.00		.00	.000		.00		.00
RADIOLOGY	0	n			.00		.00	.000		.00		.00
ROOM USE	0	0			.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	1	2			3.70		1.85	.002		3.70		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES		TIRES	MONTI		EPORT			DEC		D:	AGE 791
MODO24	FFF FOR CERTICE/DE		CILLO	.101111								01/20/04

01/29/04

MOP024 FEE-FOR-SERVICE/DENTAL
AMADOR COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - TOTAL

							M	חות∩	HLY AVERA	CF	
1,212 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AV	ERAGE COST			COST PER		COST PER
1,010 22101222	002110	OR DAYS OF CARE				R UNIT/DAY		_	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	14	118	\$	48,031.57	\$	407.05	.097	\$	3430.83	\$	39.63
COMM HOSP INPATIENT TOTAL	6	63	•	46,572.69	•	739.25	.052	•	7762.12	·	38.43
HSC HOSPITALS	1	29		35,090.00		1210.00	.024		35090.00		28.95
NON-HSC HOSPITALS TOTAL	2	21		8,161.29		388.63	.017		4080.65		6.73
ACCOMMODATIONS	2	21		4,322.36		205.83	.017		2161.18		3.57
ADMINISTRATIVE DAYS	1	20		3,691.60		184.58	.017		3691.60		3.05
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	1		630.76		630.76	.001		630.76		.52
ANCILLARIES	2	0		3,838.93		.00	.000		1919.47		3.17
INPATIENT CROSSOVERS	4	13		3,321.40		255.49	.011		830.35		2.74
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	9	55		1,458.88		26.53	.045		162.10		1.20
MEDICAL	1	1		18.08		18.08	.001		18.08		.01
SURGERY	1	$\overline{1}$		82.70		82.70	.001		82.70		.07
PATHOLOGY	9	46		543.83		11.82	.038		60.43		.45
RADIOLOGY	3	4		592.55		148.14	.003		197.52		.49
ROOM USE	1	3		221.72		73.91	.002		221.72		.18
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@STATE HOSPITAL	Ô	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	Ô	0	Υ	.00	٧	.00	.000	٧	.00	~	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	989	33,643	\$	3,511,515.34	\$	104.38	27.758	\$	3550.57	\$	2897.29
LEV A-INTERMEDIATE	0	0	٧	.00	٧	.00	.000	Y	.00	Y	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	Ô	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	8	304		164,450.64		540.96	.251		20556.33		135.69
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	981	33,339		3,347,064.70		100.39	27.507		3411.89		2761.60
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	٧	.00	٧	.00	.000	Y	.00	Y	.00
ICF DD	Ô	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	Υ	.00	٧	.00	.000	٧	.00	~	.00
HEMODIALYSIS CENTER	Ô	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	Υ	.00	٧	.00	.000	٧	.00	~	.00
INDEPENDENT FACILITY	Ô	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	1	1	\$	60.25	\$	60.25	.001	\$	60.25	\$.05
PATHOLOGY	1	1	Τ	60.25	τ	60.25	.001	Ψ.	60.25	τ.	.05
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	2	2	\$	412.00	Ġ	206.00	.002	\$	206.00	\$.34
CLINIC	0	0	т	.00	т	.00	.000	т	.00	т	.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	2	2		412.00		206.00	.002		206.00		.34
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURE	ES MO	ONTH-OF-PAYMENT	REPOR'	r for Jan 2		DEC	2003	Р	AGE 792
MOP024	FEE-FOR-SERVICE										01/29/04
AMADOR COUNTY		ICES FOR MN - LON	IG TI	ERM CARE - TOTAL							01/20/01
	Solumet of Selt.	1020 1010 1110 201		2141 G111E 1011E			M	ONT	HLY AVERA	GE	
1,212 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AV.	ERAGE COST					COST PER
,		OR DAYS OF CARE				R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	70	1,472	\$	18,239.25		12.39	1.215		260.56		15.05
DURABLE MED. EQUIP.	11	53	•	5,392.24		101.74	.044	•	490.20	•	4.45
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	1	1		118.23		118.23	.001		118.23		.10
MEDICAL TRANSPORTATION	27	152		1,856.49		12.21	.125		68.76		1.53
		-		,		•			- · · ·		

AMBULANCES/AIR TRANS	6	19	824.37	43.39	.016	137.40	.68
OTHER TRANS	14	92	608.62	6.62	.076	43.47	.50
OTHER SERVICES	10	41	423.50	10.33	.034	42.35	.35
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	6	18	226.56	12.59	.015	37.76	.19
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	2	4	2.51	.63	.003	1.26	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	6	6	53.97	9.00	.005	9.00	.04
SPEECH AND AUDIOLOGY	2	2	682.72	341.36	.002	341.36	.56
HOSPICE SERVICES	3	84	9,153.67	108.97	.069	3051.22	7.55
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	17	1,152	752.86	.65	.950	44.29	.62
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	289	3,638	\$ 77,326.62	\$ 21.26	3.002	\$ 267.57	\$ 63.80

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

AMADOR COUNTY

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 793 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

SUMMARY OF SERVICES FOR MEDICALLY NEEDY - AGED

----- MONTHLY AVERAGE -----AVERAGE COST UNITS/DAYS COST PER 2,576 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES COST PER OR DAYS OF CARE USER PER UNIT/DAY PER ELIG ELIGIBLE @TOTAL, ALL PROVIDERS 2,283 50,913 3,961,265.80 77.80 19.764 \$ 1735.11 \$ 1537.76 \$ Ś @PHYSICIANS SERVICES 294 1,682 17,784.98 10.57 .653 \$ 60.49 \$ 6.90 0 OUTPATIENT VISITS 0 .00 .00 .000 .00 .00 OFFICE VISITS 0 .00 .00 .000 .00 .00 HOME VISITS 0 .00 .00 .000 .00 .00 EMERGENCY ROOM .00 .00 .000 .00 .00 PREVENTIVE CARE .00 .00 .000 .00 .00 .00 .00 OB VISITS/COMPRE PERI .00 .000 .00 OTHER OUTPATIENT .00 .00 .000 .00 .00 INPATIENT VISITS .00 .00 .000 .00 .00 .000 HOSPITAL VISITS .00 .00 .00 .00 .00 .00 .000 .00 .00 CRITICAL CARE .00 .00 SNF/ICF/TRANS IP CARE .000 .00 OPHTHALMOLOGICAL SERVICES .00 .00 .000 .00 .00 EXAMINATIONS 0 .00 .00 .000 .00 .00 SERVICES AND MATERIALS 0 .00 .00 .000 .00 .00 INPATIENT HOSPITAL SURGERY 137 .00 .00 .053 .00 .00 .001 PRINCIPAL SURGEON .00 .00 .00 .00 ASSISTANT SURGEON .00 .000 .00 0 .00 .00 ANESTHESIOLOGIST 135 .00 .00 .052 .00 .00 OUTPATIENT SURGERY 0 .00 .00 .000 .00 .00 .00 PRINCIPAL SURGEON .000 .00 .00 ASSISTANT SURGEON 0 .00 .00 .000 .00 .00 ANESTHESIOLOGIST 0 .00 .00 .000 .00 .00 .00 .00 0 .000 DIALYSIS Ω .00 .00 PATHOLOGY .00 .00 .000 .00 .00

RADIOLOGY	4	4		76.91		19.23	.002	19.23		.03
PSYCHIATRY	0	4		.00		.00	.002	.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	288	1,540		17,708.07		11.50	.598	61.49		6.87
@PHARMACY	1,924	12,192	\$	544,359.30		44.65			Ġ	211.32
PRESCRIPTION DRUGS		9,738	Ą	541,094.71		55.57	3.780	282.41	Ą	211.32
	1,916			•			2.317	327.95		
SNF/ICF	922	5,969		302,366.07		50.66				117.38
OUTPATIENTS	1,006	3,769		238,728.64		63.34	1.463	237.30		92.67
MEDICAL SUPPLIES	44 73	2,454	4	3,264.59		1.33	.953	74.20	4	1.27
@DENTIST	73 57	212	\$	11,231.00		52.98		\$ 153.85	Ş	4.36
VISITS - DIAGNOSTIC	5 /	147		2,092.00		14.23	.057	36.70		.81
ORAL SURGERY	4	15		967.00		64.47	.006	241.75		.38
DRUGS	0	0		.00		.00	.000	.00		.00
ANESTHESIA	0	0		.00		.00	.000	.00		.00
PERIODONTICS	Ţ	1		118.00		118.00	.000	118.00		.05
ENDODONTICS	0	0		.00		.00	.000	.00		.00
RESTORATIVE DENTISTRY	6	9		1,004.00		111.56	.003	167.33		.39
PROSTHETICS	1	1		30.00		30.00	.000	30.00		.01
DENTURES, STAYPLATES	18	34		7,020.00		206.47	.013	390.00		2.73
SPACE MAINTAINERS	0	0		.00		.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00		.00
ALL OTHER SERVICES	2	5		.00		.00	.002	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITU	JRES	MONTH-OF-PAYMENT	REPORT	FOR JAN	2003 THRU I	DEC 2003	P	AGE 794
MOP024	FEE-FOR-SERVICE	/DENTAL								01/29/04
AMADOR COUNTY	SUMMARY OF SERV	ICES FOR MEDICA	LLY	NEEDY - AGED						
							MC	ONTHLY AVERA	GE ·	
2,576 ELIGIBLES	USERS	UNITS OF SERVIC	Œ	EXPENDITURES	AVE	RAGE COST	r units/days	S COST PER	(COST PER

						M	Γ NO	'HLY AVERA	GE.	
2,576 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE:	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	59	103	\$ 2,091.18	\$	20.30	.040	\$	35.44	\$.81
DIAGNOSTIC AND ANC. PROCED	21	21	354.23		16.87	.008		16.87		.14
EYE APPLIANCES	30	74	1,343.07		18.15	.029		44.77		.52
OTHER OPTOMETRIC SERVICES	11	8	393.88		49.24	.003		35.81		.15
@CHIROPRACTOR	1	1	\$ 16.72	\$	16.72	.000	\$	16.72	\$.01
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	1	1	16.72		16.72	.000		16.72		.01
@PODIATRIST	175	191	\$ 1,787.65	\$	9.36	.074	\$	10.22	\$.69
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	175	191	1,787.65		9.36	.074		10.22		.69
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	56	418	\$ 41,100.10	\$	98.33	.162	\$	733.93	\$	15.96
HOSP INPATIENT TOTAL	22	203	36,128.64		177.97	.079		1642.21		14.03
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.000		.00		.00
ANCILLARIES	0	0	.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	22	203	36,128.64		177.97	.079		1642.21		14.03
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	36	215	4,971.46		23.12	.083		138.10		1.93
MEDICAL	0	0	.00		.00	.000		.00		.00

SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	7	89.55	12.79	.003	89.55	.03
RADIOLOGY	2	2	115.22	57.61	.001	57.61	.04
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	33	206	4,766.69	23.14	.080	144.45	1.85
@COUNTY HOSPITAL TOTAL	2	82	\$ 2,695.93	\$ 32.88	.032	\$ 1347.97	\$ 1.05
CO HOSPITAL INPATIENT TOTAL	1	60	2,576.00	42.93	.023	2576.00	1.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	60	2,576.00	42.93	.023	2576.00	1.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

CO HOSP OUTPATIENT TOTAL	2	22		119.93		5.45	.009		59.97		.05
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
	2	22		119.93		5.45	.009				.05
CROSSOVERS/ALL OTH OUTPTNT	_							חחמ	59.97	Б.	
#CALIF DEPT OF HEALTH SERV			CES N	MONTH-OF-PAYMENT R	EPORT.	FOR JAN	2003 THRU	DEC	2003	P	AGE 795
MOP024	FEE-FOR-SERVICE										01/29/04
AMADOR COUNTY	SUMMARY OF SERV	ICES FOR MEDICAL	LY N	NEEDY - AGED							
							N		HLY AVERA	GE ·	
2,576 ELIGIBLES	USERS	UNITS OF SERVICE	;	EXPENDITURES	AVE:	RAGE COST	UNITS/DAY	ZS.	COST PER	(COST PER
		OR DAYS OF CARE	:		PER	UNIT/DAY	PER ELIC	3	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	54	336	\$	38,404.17	\$	114.30	.130	\$	711.19	\$	14.91
COMM HOSP INPATIENT TOTAL	21	143	•	33,552.64	·	234.63	.056		1597.74	•	13.03
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
	0	0		.00					.00		
TRANSITIONAL IP CARE	0	0				.00	.000				.00
ALL OTHER ACCOM	•	U		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	21	143		33,552.64		234.63	.056		1597.74		13.03
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	34	193		4,851.53		25.14	.075		142.69		1.88
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	1	7		89.55		12.79	.003		89.55		.03
RADIOLOGY	2	2		115.22		57.61	.001		57.61		.04
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	31	184		4,646.76		25.25	.071		149.90		1.80
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	Ś	.00	\$.00
MENTALLY ILL	0	0	Ą	.00	Ą	.00	.000	Ą	.00	Ą	.00
	0	0				.00	.000		.00		.00
DEVELOP. DISABLED	952	•	۲.	.00	4			ė.		4	
@NURSING FACILITY		31,942	\$	3,279,212.05	Ş	102.66	12.400	\$	3444.55	\$	1272.99
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	3	113		57,874.33		512.16	.044		19291.44		22.47
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	949	31,829		3,221,337.72		101.21	12.356		3394.45		1250.52
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	1	29	\$	230.26	\$	7.94	.011	\$		\$.09
HOSPITAL BASED	0	0	Ψ.	.00	Ψ	.00	.000	~	.00	Υ	.00
HEMODIALYSIS CENTER	1	29		230.26		7.94	.011		230.26		.09
@REHABILITATION FACILITY	0	0	Ś	.00	\$.00	.000	\$.00	\$.00
	0		Ą		Ą	.00		Ą	.00	Ą	.00
HOSPITAL BASED	0	0		.00			.000				
INDEPENDENT FACILITY	0	0	4	.00	4	.00	.000	4	.00		.00
@LABORATORY FACILITY	3	26	\$	68.32	\$	2.63	.010	\$		\$.03
PATHOLOGY	Ţ	24		56.08		2.34	.009		56.08		.02
XO AND OTHERS	2	2		12.24		6.12	.001		6.12		.00
@ORGANIZED OUTPATIENT CLINIC	187	295	\$	26,454.43	\$	89.68	.115	\$	141.47	\$	10.27
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	2	2		403.06		201.53	.001		201.53		.16
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	186	293		26,051.37		88.91	.114		140.06		10.11
#CALTE DEDT OF HEALTH SERV	MEDI-CAI GERVICI	TO AND EVDENDITHE	יבים ז	MUNTH-UE-DAVMENT B	EDODE.	EOD TAM	זומעיי כחחכ	חבים	2002	D.	ACF 796

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 796

MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

						MC	ONTHLY AVERA	GE
2,576 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	S COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	214	3,822	\$	36,929.81	\$ 9.66	1.484	\$ 172.57	\$ 14.34
DURABLE MED. EQUIP.	11	49		5,292.56	108.01	.019	481.14	2.05
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	3	3		1,161.85	387.28	.001	387.28	.45
MEDICAL TRANSPORTATION	30	384		2,217.53	5.77	.149	73.92	.86
AMBULANCES/AIR TRANS	1	2		110.71	55.36	.001	110.71	.04
OTHER TRANS	15	182		1,326.49	7.29	.071	88.43	.51
OTHER SERVICES	16	200		780.33	3.90	.078	48.77	.30
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	35	272		11,971.41	44.01	.106	342.04	4.65
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	33	79		924.43	11.70	.031	28.01	.36
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	3	5		2.64	.53	.002	.88	.00
PROSTHETIST/ORTHOTISTS	1	2		72.20	36.10	.001	72.20	.03
PROSTHETICS	1	2		72.20	36.10	.001	72.20	.03
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	4	4		22.56	5.64	.002	5.64	.01
SPEECH AND AUDIOLOGY	3	3		827.72	275.91	.001	275.91	.32
HOSPICE SERVICES	3	96		10,453.11	108.89	.037	3484.37	4.06
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	103	2,925		3,983.80	1.36	1.135	38.68	1.55
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	620	5,840	\$	138,824.64	\$ 23.77	2.267	\$ 223.91	\$ 53.89
* TOTAL IN THECE I THE ADE CIV	ואר אכן א כודים או	DATE TATEODMATETON TO	מתידים	NTT 37 •				

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 797
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
AMADOR COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - BLIND

----- MONTHLY AVERAGE -----UNITS OF SERVICE 06 ELIGIBLES USERS EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 2,316.70 \$ 15.667 \$ 386.12 \$ 386.12 @TOTAL, ALL PROVIDERS 6 94 24.65 122.32 \$ 24.46 .833 \$ 24.46 \$ 20.39 @PHYSICIANS SERVICES .500
24.04 .500
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.00 .000 72.11 24.04 .500 24.04 12.02 OUTPATIENT VISITS OFFICE VISITS 72.11 24.04 12.02 .00 .00 0 .00 HOME VISITS 0 .00 0 .00 EMERGENCY ROOM .00 PREVENTIVE CARE .00 .00 .00 .00 OB VISITS/COMPRE PERI .00 .00 OTHER OUTPATIENT .00 .00 .00 INPATIENT VISITS .00 .00 .00 HOSPITAL VISITS .00 .00 .00 .00 CRITICAL CARE SNF/ICF/TRANS IP CARE .00 .00 .00 .00 .00 .00 OPHTHALMOLOGICAL SERVICES 0 Ω .00 .00 .00 EXAMINATIONS SERVICES AND MATERIALS .00 .00 .000 .00 .00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	1	1		34.62		34.62	.167		34.62		5.77
PRINCIPAL SURGEON	1	1		34.62		34.62	.167		34.62		5.77
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	1	1		15.59		15.59	.167		15.59		2.60
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000		.00		.00
@PHARMACY	3	9	\$	214.07	\$	23.79	1.500	\$	71.36	\$	35.68
PRESCRIPTION DRUGS	3	9		214.07		23.79	1.500		71.36		35.68
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	3	9		214.07		23.79	1.500		71.36		35.68
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	1	13	\$	539.10	\$	41.47	2.167	\$	539.10	\$	89.85
VISITS - DIAGNOSTIC	1	10		184.00		18.40	1.667		184.00		30.67
ORAL SURGERY	1	1		.00		.00	.167		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	1	1		215.00		215.00	.167		215.00		35.83
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	1	1		140.10		140.10	.167		140.10		23.35
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITU	RES MOI	NTH-OF-PAYMENT RI	EPORT	FOR JAN	2003 THRU	DEC	2003	PI	AGE 798
MOP024	FEE-FOR-SERVICE/DENT	'AL									01/29/04
AMADOR COUNTY	SUMMARY OF SERVICES	FOR MEDICA	LLY NE	EDY - BLIND							
							1	TION	HLY AVERA	GE -	
OF BLICIDIES	TICEDO INTE	C OF CEDITA	TP.	EADEMDIAIDEG	7/17/7	DACE COC	T TINTETIC /DAY	7.0		_	משת הסטר

							0141	11111 11111111	
06 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE:	RAGE COST	UNITS/DAY	S	COST PER	COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER	ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00	.00
EYE APPLIANCES	0	0	.00		.00	.000		.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00	.00
OTHER SERVICES	0	0	.00		.00	.000		.00	.00
@PODIATRIST	1	1	\$ 55.00	\$	55.00	.167	\$	55.00	\$ 9.17
MEDICINE/INJECTIONS	1	1	55.00		55.00	.167		55.00	9.17
SURGERY/ANES.	0	0	.00		.00	.000		.00	.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00	.00
OTHER	0	0	.00		.00	.000		.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	3	4	\$ 106.26	\$	26.57	.667	\$	35.42	\$ 17.71
HOSP INPATIENT TOTAL	0	0	.00		.00	.000		.00	.00
HSC HOSPITALS	0	0	.00		.00	.000		.00	.00

NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000)	.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000)	.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000)	.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000)	.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000)	.00		.00
ANCILLARIES	0		0		.00		.00	.000)	.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000)	.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000)	.00		.00
HOSP OUTPATIENT TOTAL	3		4		106.26	2	26.57	.665	7	35.42		17.71
MEDICAL	0		0		.00		.00	.000)	.00		.00
SURGERY	0		0		.00		.00	.000)	.00		.00
PATHOLOGY	0		0		.00		.00	.000)	.00		.00
RADIOLOGY	0		0		.00		.00	.000)	.00		.00
ROOM USE	3		3		97.93	3	32.64	.500)	32.64		16.32
CROSSOVERS/ALL OTH OUTPINT	1		1		8.33		8.33	.167	7	8.33		1.39
@COUNTY HOSPITAL TOTAL	0		0 \$.00	\$.00	.000) \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0		0		.00		.00	.000)	.00		.00
HSC HOSPITALS	0		0		.00		.00	.000)	.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000)	.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000)	.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000)	.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000)	.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000)	.00		.00
ANCILLARIES	0		0		.00		.00	.000)	.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000)	.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000)	.00		.00
CO HOSP OUTPATIENT TOTAL	0		0		.00		.00	.000)	.00		.00
MEDICAL	0		0		.00		.00	.000)	.00		.00
SURGERY	0		0		.00		.00	.000)	.00		.00
PATHOLOGY	0		0		.00		.00	.000)	.00		.00
RADIOLOGY	0		0		.00		.00	.000)	.00		.00
ROOM USE	0		0		.00		.00	.000)	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0		0		.00		.00	.000)	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EX	PENDITURES	MONTH-OF-	PAYMENT RI	EPORT FO	OR JAN	2003 THRU	J DE	C 2003	PΑ	-
MOP024	FEE-FOR-SERVICE/	DENTAL										01/29/04
AMADOR COUNTY	SUMMARY OF SERVI	CES FOR	MEDICALLY	NEEDY - E	LIND							
										THLY AVERA	GE -	
06 ELIGIBLES	USERS	UNITS OF	SERVICE	EXPE	NDITURES	AVERAG	E COST	UNITS/DA	AYS	COST PER	C	OST PER
		OR DAYS	OF CARE					PER ELI		USER		LIGIBLE
@COMMINITTY HOCDITAL TOTAL	2		/ ¢		106 26	ė c	6 57	66"	7 4	25 /2	Ġ	17 71

					MO	NIHLY AVERAGI	5
06 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3	4	\$ 106.26	\$ 26.57	.667	\$ 35.42	3 17.71
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	3	4	106.26	26.57	.667	35.42	17.71
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	3	3	97.93	32.64	.500	32.64	16.32
CROSSOVERS/ALL OTH OUTPINT	1	1	8.33	8.33	.167	8.33	1.39
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00

@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00

INDEPENDENT FACILITY	0	0	.00		.00	.000	.00		.00
@LABORATORY FACILITY	0	0 \$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00		.00	.000	.00		.00
XO AND OTHERS	0	0	.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	4	10 \$	886.34	\$	88.63	1.667	\$ 221.59	\$	147.72
CLINIC	0	0	.00		.00	.000	.00		.00
SURGICENTER	1	7	268.34		38.33	1.167	268.34		44.72
HEROIN DETOX CLINIC	0	0	.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	3	3	618.00		206.00	.500	206.00		103.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES .	AND EXPENDITURES	MONTH-OF-PAYMENT	REPORT	FOR JAN	2003 THRU	DEC 2003	PI	AGE 800
MOP024	FEE-FOR-SERVICE/DE	NTAL							01/29/04
AMADOR COUNTY	SUMMARY OF SERVICE	S FOR MEDICALLY	NEEDY - BLIND						
						N	ONTHLY AVERA	GE -	

						NIHLI AVERAC	
06 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	2	52 \$	393.61	\$ 7.57	8.667	•	\$ 65.60
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	3	36.40	12.13	.500	36.40	6.07
PROSTHETICS	1	3	36.40	12.13	.500	36.40	6.07
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	2	49	357.21	7.29	8.167	178.61	59.54
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000	\$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 801
MOP024 FEE-FOR-SERVICE/DENTAL
AMADOR COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - DISABLED

INDON COUNTY	DOINING OF DEED	VICED FOR THEFTON									
							MC	TNC	HLY AVERA	ωGΕ	
1,359 ELIGIBLES	USERS	UNITS OF SERVICE	£	EXPENDITURES	AVEF	RAGE COST	UNITS/DAYS	3	COST PER		COST PER
		OR DAYS OF CAR	£		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	1,143	30,220	\$	1,041,619.82	\$	34.47	22.237	\$	911.30	\$	766.46
@PHYSICIANS SERVICES	280	901	\$	26,292.62	\$	29.18	.663	\$	93.90	\$	19.35
OUTPATIENT VISITS	70	87		3,051.30		35.07	.064		43.59		2.25
OFFICE VISITS	64	78		2,725.50		34.94	.057		42.59		2.01
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	2	2		152.68		76.34	.001		76.34		.11

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

PREVENTIVE CARE	0	0		.00		.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000	.00		.00
OTHER OUTPATIENT	5	7		173.12		24.73	.005	34.62		.13
INPATIENT VISITS	21	137		4,840.43		35.33	.101	230.50		3.56
HOSPITAL VISITS	11	125		4,248.53		33.99	.092	386.23		3.13
CRITICAL CARE	1	2		243.20		121.60	.001	243.20		.18
SNF/ICF/TRANS IP CARE	9	10		348.70		34.87	.007	38.74		.26
OPHTHALMOLOGICAL SERVICES	5	5		272.59		54.52	.004	54.52		.20
EXAMINATIONS	5	5		272.59		54.52	.004	54.52		.20
SERVICES AND MATERIALS	0	0		.00		.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	6	15		1,269.21		84.61	.011	211.54		.93
PRINCIPAL SURGEON	6	8		1,016.54		127.07	.006	169.42		.75
ASSISTANT SURGEON	0	0		.00		.00	.000	.00		.00
ANESTHESIOLOGIST	2	7		252.67		36.10	.005	126.34		.19
OUTPATIENT SURGERY	21	53		6,331.52		119.46	.039	301.50		4.66
PRINCIPAL SURGEON	21	29		5,792.83		199.75	.021	275.85		4.26
ASSISTANT SURGEON	0	0		.00		.00	.000	.00		.00
ANESTHESIOLOGIST	3	24		538.69		22.45	.018	179.56		.40
DIALYSIS	2	11		391.24		35.57	.008	195.62		.29
PATHOLOGY	7	13		542.67		41.74	.010	77.52		.40
RADIOLOGY	48	77		3,123.44		40.56	.057	65.07		2.30
PSYCHIATRY	0	, ,		.00		.00	.000	.00		.00
IMMUNIZATION AND INJECTION	7	25		72.38		2.90	.018	10.34		.05
OTHER SERVICES/ALL X-OVERS	169	478		6,397.84		13.38	.352	37.86		4.71
@PHARMACY	969	9,185	\$	412,589.41	\$	44.92	6.759		\$	303.60
PRESCRIPTION DRUGS	965	4,522	Ą	408,933.67	Ą	90.43	3.327	423.77	Ą	300.91
SNF/ICF	103	906		56,450.38		62.31	.667	548.06		41.54
OUTPATIENTS	864	3,616		352,483.29		97.48	2.661	407.97		259.37
MEDICAL SUPPLIES	50	4,663		3,655.74		.78	3.431	73.11		2.69
@DENTIST	50	185	\$	8,451.00	\$	45.68	.136		ė.	6.22
VISITS - DIAGNOSTIC	30	121	Ą	1,632.00	Ą	13.49	.089	54.40	Ą	1.20
	30 7					85.83		147.14		
ORAL SURGERY	1	12 1		1,030.00			.009	15.00		.76
DRUGS	1	1		15.00		15.00	.001			.01
ANESTHESIA	1	1		100.00 55.00		100.00	.001	100.00		.07 .04
PERIODONTICS	3	4				55.00	.001	55.00		
ENDODONTICS				1,020.00		255.00	.003	340.00		.75
RESTORATIVE DENTISTRY	18	38		3,799.00		99.97	.028	211.06		2.80
PROSTHETICS	0	0		.00		.00	.000	.00		.00
DENTURES, STAYPLATES	4	7		800.00		114.29	.005	200.00		.59
SPACE MAINTAINERS	0	U		.00		.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	U		.00		.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURE	ES M	IONTH-OF-PAYMENT RI	EPOF	RT FOR JAN 20	003 THRU DE	EC 2003	P	AGE 802
MOP024	FEE-FOR-SERVICE									01/29/04
AMADOR COUNTY	SUMMARY OF SERV	ICES FOR MEDICALI	LY N	IEEDY - DISABLED						
1 252								THLY AVERA	_	
1,359 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		/ERAGE COST U		COST PER		COST PER
		OR DAYS OF CARE	_				PER ELIG	USER		ELIGIBLE
@OPTOMETRIST	31	79	\$	1,727.67	\$	21.87	.058		\$	1.27
DIAGNOSTIC AND ANC. PROCED	13	13		459.61		35.35	.010	35.35		.34
EYE APPLIANCES	21	60		1,139.99		19.00	.044	54.29		.84
OTHER OPTOMETRIC SERVICES	4	6	4.	128.07		21.35	.004	32.02		.09
@CHIROPRACTOR	2	7	\$	48.56	\$	6.94	.005		\$.04
VISITS	0	0		.00		.00	.000	.00		.00
OTHER SERVICES	2	7		48.56		6.94	.005	24.28		.04
@PODTATRIST	28	3.0	Ś	561 47	Ś	18 72	022	20 05	Ś	41

18.72 33.48

.00

561.47

167.40

.00

.004

.000

.022 \$

33.48

20.05 \$

.00

.41

.12

.00

SURGERY/ANES.

MEDICINE/INJECTIONS

@PODIATRIST

0

28 5

RADIO./PATHOLOGY	3	3		51.90		17.30	.002	17.30		.04
OTHER	22	22		342.17		15.55	.016	15.55		.25
@HOME HEALTH AGENCY	5	44	Ś	1,390.16	\$	31.59	.032		\$	1.02
NURSE ANESTHESIST	0	0	Š	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	Ö	Š	.00	Š	.00	.000		\$.00
PEDIATRIC NURSE PRACTITIONER	~	0	Ġ	.00	Ġ	.00	.000	•	\$.00
FAMILY NURSE PRACTITIONER	0	0	ب ج	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	138	748	ې د	144,202.02	ب ب	192.78	.550			106.11
	17	135	Ą		Ą	959.92			Ą	95.36
HOSP INPATIENT TOTAL				129,589.83			.099	7622.93		
HSC HOSPITALS	3	59		71,975.00		1219.92	.043	23991.67		52.96
NON-HSC HOSPITAL TOTAL	8	41		51,277.77		1250.68	.030	6409.72		37.73
ACCOMMODATIONS	8	41		13,024.66		317.67	.030	1628.08		9.58
ADMINISTRATIVE DAYS	3	29		5,773.30		199.08	.021	1924.43		4.25
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	5	12		7,251.36		604.28	.009	1450.27		5.34
ANCILLARIES	8	0		38,253.11		.00	.000	4781.64		28.15
INPATIENT CROSSOVERS	8	35		6,337.06		181.06	.026	792.13		4.66
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	125	613		14,612.19		23.84	.451	116.90		10.75
MEDICAL	25	32		1,642.38		51.32	.024	65.70		1.21
SURGERY	9	8		467.78		58.47	.006	51.98		.34
PATHOLOGY	70	359		3,562.04		9.92	.264	50.89		2.62
RADIOLOGY	34	36		3,255.81		90.44	.026	95.76		2.40
ROOM USE	29	46		2,284.22		49.66	.034	78.77		1.68
CROSSOVERS/ALL OTH OUTPTNT	36	132		3,399.96		25.76	.097	94.44		2.50
	3	132	\$	1,504.14	4	115.70	.010		4	1.11
@COUNTY HOSPITAL TOTAL	2	10	Ą		\$			745.00	Ą	
CO HOSPITAL INPATIENT TOTAL	2	0		1,490.00		149.00	.007			1.10
HSC HOSPITALS	U	0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	U	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	U	U		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	2	10		1,490.00		149.00	.007	745.00		1.10
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	1	3		14.14		4.71	.002	14.14		.01
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	1	3		14.14		4.71	.002	14.14		.01
#CALIF DEPT OF HEALTH SERV			ES M	ONTH-OF-PAYMENT F	REPOR				P	AGE 803
MOP024	FEE-FOR-SERVICE/	-							_	01/29/04
AMADOR COUNTY	SUMMARY OF SERVI		I.Y N	EEDY - DISABLED						01/25/01
THE BOTT COUNTY	BOTHER OF BEILVE						N	ONTHLY AVER	GE.	
1,359 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	Δ17	ERAGE COST		S COST PER		COST PER
1,555 66161666	овыкв	OR DAYS OF CARE		EXI ENDITORES		R UNIT/DAY				ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	135	735	\$	142,697.88		194.15		\$ 1057.02		105.00
COMM HOSP INPATIENT TOTAL	15	125	Ą	128,099.83	Ą	1024.15	.092	8539.99	Ą	94.26
	3			•						
HSC HOSPITALS		59		71,975.00		1219.92	.043	23991.67		52.96
NON-HSC HOSPITALS TOTAL	8	41		51,277.77		1250.68	.030	6409.72		37.73
ACCOMMODATIONS	8	41		13,024.66		317.67	.030	1628.08		9.58
ADMINISTRATIVE DAYS	3	29		5,773.30		199.08	.021	1924.43		4.25
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	5	12		7,251.36		604.28	.009	1450.27		5.34
ANCILLARIES	8	0		38,253.11		.00	.000	4781.64		28.15
INPATIENT CROSSOVERS	6	25		4,847.06		193.88	.018	807.84		3.57
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00

COMM HOSP OUTPATIENT TOTAL	124	610			14,598.05		23.93	.449		117.73		10.74
MEDICAL	25	32			1,642.38		51.32	.024		65.70		1.21
SURGERY	9	8			467.78		58.47	.006		51.98		.34
PATHOLOGY	70	359			3,562.04		9.92	.264		50.89		2.62
RADIOLOGY	34	36			3,255.81		90.44	.026		95.76		2.40
ROOM USE	29	46			2,284.22		49.66	.034		78.77		1.68
CROSSOVERS/ALL OTH OUTPTNT		129			3,385.82		26.25	.095		96.74		2.49
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	Ś	.00	Ś	.00
MENTALLY ILL	0	0	τ.		.00	τ	.00	.000	Ψ.	.00	Ψ.	.00
DEVELOP. DISABLED	0	0			.00		.00	.000		.00		.00
@NURSING FACILITY	78	2,681	\$		362,418.17	Ś	135.18	1.973	Ġ	4646.39	Ś	266.68
LEV A-INTERMEDIATE	0	0	-		.00	-	.00	.000	т.	.00	т.	.00
LEV B-REHAB MD	0	0			.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0			.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	5	191			106,576.31		557.99	.141		21315.26		78.42
LEV B-TRANSITIONAL IP CARE	0	0			.00		.00	.000		.00		.00
LEV B-REGULAR	73	2,490			255,841.86		102.75	1.832		3504.68		188.26
@INTERMEDIATE CARE FACILDD	0	. 0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	•		.00		.00	.000		.00		.00
ICF DD	0	0			.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0			.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	1	13	\$		1,765.49	\$	135.81	.010	\$	1765.49	\$	1.30
HOSPITAL BASED	0	0	-		.00		.00	.000	•	.00	•	.00
HEMODIALYSIS CENTER	1	13			1,765.49		135.81	.010		1765.49		1.30
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0			.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0			.00		.00	.000		.00		.00
@LABORATORY FACILITY	20	62	\$		986.55	\$	15.91	.046	\$	49.33	\$.73
PATHOLOGY	16	54			942.04		17.45	.040		58.88		.69
XO AND OTHERS	4	8			44.51		5.56	.006		11.13		.03
@ORGANIZED OUTPATIENT CLINIC	238	398	\$		48,103.59	\$	120.86	.293	\$	202.12	\$	35.40
CLINIC	2	2			50.63		25.32	.001		25.32		.04
SURGICENTER	1	1			199.88		199.88	.001		199.88		.15
HEROIN DETOX CLINIC	0	0			.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	235	395			47,853.08		121.15	.291		203.63		35.21
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITU	JRES	MONTH-	OF-PAYMENT F	REPORT	FOR JAN	2003 THRU	DEC	2003	PI	AGE 804
MOP024	FEE-FOR-SERVICE/DENTAL											01/29/04
AMADOR COUNTY	SUMMARY OF SERVICES FOR	MEDICA	ALLY	NEEDY	- DISABLED							
								N	CNO	THLY AVERA	GE -	

1,359 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	118	15,887 \$	33,083.11	\$ 2.08	11.690 \$	280.37	\$ 24.34
DURABLE MED. EQUIP.	7	14	5,795.34	413.95	.010	827.91	4.26
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	22	378	4,993.11	13.21	.278	226.96	3.67
AMBULANCES/AIR TRANS	12	141	2,458.44	17.44	.104	204.87	1.81
OTHER TRANS	7	111	490.67	4.42	.082	70.10	.36
OTHER SERVICES	6	126	2,044.00	16.22	.093	340.67	1.50
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	2	4	798.90	199.73	.003	399.45	.59
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	23	49	564.73	11.53	.036	24.55	.42
PHYSICAL THERAPIST	1	6	.56	.09	.004	.56	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	3	48	10,764.19	224.25	.035	3588.06	7.92
PROSTHETICS	3	48	10,764.19	224.25	.035	3588.06	7.92
ORTHOTICS	0	0	.00	.00	.000	.00	.00

PSYCHOLOGIST	3	3	37.49	12.50	.002	12.50	.03
SPEECH AND AUDIOLOGY	1	2	71.81	35.91	.001	71.81	.05
HOSPICE SERVICES	1	13	1,437.28	110.56	.010	1437.28	1.06
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	8	3,209	4,807.80	1.50	2.361	600.98	3.54
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	62	12,161	3,811.90	.31	8.948	61.48	2.80
@CALIF. CHILDREN SERVICES*	3	10	\$ 1,400.45	\$ 140.05	.007	\$ 466.82	\$ 1.03
@XOVER EXCLUDING STATE HOSP**	232	5,508	\$ 34,960.61	\$ 6.35	4.053	\$ 150.69	\$ 25.73

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 805 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

15,444 ELIGIBLES USERS

UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

ELIGIBLE

OR DAYS OF CARE PER UNIT/DAY PER ELIG USER

@OPTOMETRIST	207	462	\$	11,526.92	\$	24.95	.030	\$	55.69	\$.75
DIAGNOSTIC AND ANC. PROCED	139	139		6,451.30		46.41	.009		46.41		.42
EYE APPLIANCES	100	281		4,202.58		14.96	.018		42.03		.27
OTHER OPTOMETRIC SERVICES	33	42		873.04		20.79	.003		26.46		.06
@CHIROPRACTOR	14	16	ċ.	267.52	\$	16.72	.001	ċ.	19.11	Ċı	.02
			\$		Ą			Ą		Ş	
VISITS	14	16		267.52		16.72	.001		19.11		.02
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	21	27	\$	1,005.02	\$	37.22	.002	\$	47.86	Ś	.07
MEDICINE/INJECTIONS	15	17	•	703.40		41.38	.001	•	46.89	•	.05
	5	7		245.62		35.09	.000		49.12		.02
SURGERY/ANES.	5										
RADIO./PATHOLOGY	2	2		34.60		17.30	.000		17.30		.00
OTHER	1	1		21.40		21.40	.000		21.40		.00
@HOME HEALTH AGENCY	6	37	\$	2,501.44	\$	67.61	.002	\$	416.91	\$.16
NURSE ANESTHESIST	1	26	\$	396.16	\$	15.24	.002	\$	396.16	Ė	.03
NURSE MIDWIFE	1	41	ė.	1,417.84	Ċ	34.58	.003	\$	354.46	\$.09
	0	0			ų.		.000				
PEDIATRIC NURSE PRACTITIONER	-		Ş	.00	\$.00		\$.00	\$.00
FAMILY NURSE PRACTITIONER	2	7	Ş	165.50	Ş	23.64	.000	\$	82.75	\$.01
@TOTAL HOSPITAL	2,181	9,240	\$	1,020,413.76	\$	110.43	.598	\$	467.87	\$	66.07
HOSP INPATIENT TOTAL	128	491		753,395.51		1534.41	.032		5885.90		48.78
HSC HOSPITALS	45	150		169,892.69		1132.62	.010		3775.39		11.00
NON-HSC HOSPITAL TOTAL	86	341		582,662.82		1708.69	.022		6775.15		37.73
ACCOMMODATIONS	85	341		179,156.79		525.39	.022		2107.73		11.60
ADMINISTRATIVE DAYS	1	4		925.20		231.30	.000		925.20		.06
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	84	337		178,231.59		528.88	.022		2121.80		11.54
ANCILLARIES	86	0		403,506.03		.00	.000		4691.93		26.13
	1										
INPATIENT CROSSOVERS		0		840.00		.00	.000		840.00		.05
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	2,116	8,749		267,018.25		30.52	.566		126.19		17.29
MEDICAL	1,024	1,667		73,334.35		43.99	.108		71.62		4.75
SURGERY	92	108		5,017.38		46.46	.007		54.54		.32
	751	3,096		34,251.46		11.06	.200		45.61		2.22
PATHOLOGY											
RADIOLOGY	583	823		60,636.51		73.68	.053		104.01		3.93
ROOM USE	1,230	1,747		68,228.62		39.05	.113		55.47		4.42
CROSSOVERS/ALL OTH OUTPTNT	519	1,308		25,549.93		19.53	.085		49.23		1.65
@COUNTY HOSPITAL TOTAL	13	43	\$	9,162.24	\$	213.08		\$	704.79	Ś	.59
CO HOSPITAL INPATIENT TOTAL		7	٧	7,363.00	~	1051.86	.000	٧	3681.50	Y	.48
HSC HOSPITALS	2	7		7,363.00		1051.86	.000		3681.50		.48
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0									
ANCILLARIES	-	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	11	36		1,799.24		49.98	.002		163.57		.12
MEDICAL	4	4		112.39		28.10	.000		28.10		.01
	2	2									
SURGERY				86.33		43.17	.000		43.17		.01
PATHOLOGY	3	16		254.52		15.91	.001		84.84		.02
RADIOLOGY	1	2		97.99		49.00	.000		97.99		.01
ROOM USE	6	8		249.19		31.15	.001		41.53		.02
CROSSOVERS/ALL OTH OUTPTNT	4	4		998.82		249.71	.000		249.71		.06
	=		י סתם		מטמים			סייום		ים	AGE 807
#CALIF DEPT OF HEALTH SERV			KES I	MONTH-OF-PAYMENT R	EPOR	I FOR JAN	2003 IHRU I	DEC	2003	PI	
MOP024	FEE-FOR-SERVICE										01/29/04
AMADOR COUNTY	SUMMARY OF SERV	ICES FOR MEDICA	LLY I	NEEDY - FAMILIES							
							MO	TNC	HLY AVERA	GE -	
15,444 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AV	ERAGE COST	UNITS/DAYS	S	COST PER	(COST PER
-,		OR DAYS OF CAR				R UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2,172	9,197	\$	1,011,251.52	\$	109.95	.596	¢	465.59		65.48
@COUNTIL HODELIAN IOIAN	2,1/2	9,191	Ą	1,011,201.02	Ą	107.23	. 550	ų	103.33	ų	03.40

COMM HOSP INPATIENT TOTAL	126	484		746,032.51		1541.39	.031		5920.89		48.31
HSC HOSPITALS	43	143		162,529.69		1136.57	.009		3779.76		10.52
NON-HSC HOSPITALS TOTAL	86	341		582,662.82		1708.69	.022		6775.15		37.73
ACCOMMODATIONS	85	341		179,156.79		525.39	.022		2107.73		11.60
ADMINISTRATIVE DAYS	1	4		925.20		231.30	.000		925.20		.06
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	84	337		178,231.59		528.88	.022		2121.80		11.54
1110777 1 2 2 7 7 7 7				403,506.03		.00	.000		4691.93		26.13
ANCILLARIES	00	0									
INPATIENT CROSSOVERS	į.	Ü		840.00		.00	.000		840.00		.05
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	2,109	8,713		265,219.01		30.44	.564		125.76		17.17
ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	1.021	1.663		73,221.96		44.03	.108		71.72		4.74
SURGERY	90	0 0 0 8,713 1,663 106		4,931.05		46.52	.007		54.79		.32
	748										
PATHOLOGY	748	3,080		33,996.94		11.04	.199		45.45		2.20
RADIOLOGY	582	821		60,538.52		73.74	.053		104.02		3.92
ROOM USE	1,225	1,739		67,979.43		39.09	.113		55.49		4.40
CROSSOVERS/ALL OTH OUTPTNT	517	1,304		24,551.11		18.83	.084		47.49		1.59
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	Ś	.00
MENTATIV TIT	0	Ö	٧	.00	٧	.00	.000	٧	.00	٧	.00
MENIADDI IDD	0	0									
DEVELOP. DISABLED	U	0		.00		.00	.000		.00		.00
@NURSING FACILITY	4	52	\$	9,392.10	\$	180.62	.003	\$	2348.03	\$.61
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
I.EV B-SIIBACITE EREESTANDING	0	0		.00		.00	.000		.00		.00
LEV D GUDAGUME HODMI DAGED	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPIL BASED	U	U									
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	4	52		9,392.10		180.62	.003		2348.03		.61
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	•	.00	•	.00	.000		.00		.00
ICE DD	0	0		.00		.00	.000		.00		.00
RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY LEV A-INTERMEDIATE LEV B-REHAB MD LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED LEV B-TRANSITIONAL IP CARE LEV B-REGULAR @INTERMEDIATE CARE FACILDD ICF DDH ICF DDD ICF DDN/DDCN @HEMODIALYSIS TOTAL HOSPITAL BASED HEMODIALYSIS CENTER @REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY PATHOLOGY XO AND OTHERS @ORGANIZED OUTPATIENT CLINIC	0	0							.00		.00
ICF DDN/DDCN	U	U		.00		.00	.000			_	
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	Ş	.00	Ş	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHARTLITATION FACILITY	2	3	\$	130.50	\$	43.50	.000	Ś	65.25	Ś	.01
UOCDITAI DACED	2	3	٧	130.50	٧	43.50	.000	٧	65.25	٧	.01
HOSPITAL BASED	2	3									
INDEPENDENT FACILITY	0	0 0 3 3 0 1,268 1,267		.00		.00	.000		.00		.00
@LABORATORY FACILITY	396	1,268	\$	24,104.50	\$	19.01	.082	\$	60.87	\$	1.56
PATHOLOGY	395	1,267		24,059.87		18.99	.082		60.91		1.56
XO AND OTHERS	1	1		44.63		44.63	.000		44.63		.00
@ORGANIZED OUTPATIENT CLINIC	1,718	2,511	\$	416,532.52	\$	165.88	.163	Ś	242.45	Ś	26.97
CLINIC CLINIC	31	107	Y	4,256.03	Y	39.78	.007	Y	137.29	Y	.28
SURGICENTER	12	92		2,894.15		31.46	.006		241.18		.19
HEROIN DETOX CLINIC	3	21		269.43		12.83	.001		89.81		.02
RURAL HEALTH CLINIC	12 3 1,677	2,291		409,112.91		178.57	.148		243.96		26.49
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC		RES M	ONTH-OF-PAYMENT R	EPOR			DEC	2003	P	AGE 808
MOP024	FEE-FOR-SERVICE			.01.111 01 1111111111111111111111111111	011		2000 111110		2005		01/29/04
AMADOR COUNTY			T T 37 %	THEOR HAMILIES							01/29/04
AMADOR COUNTY	SUMMARY OF SERV	VICES FOR MEDICA	ггу Г	REDI - FAMILIES						~-	
							M				
15,444 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AV.	ERAGE COST	'UNITS/DAY	S (COST PER	(COST PER
		OR DAYS OF CAR	E		PE	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	880	9,314	\$	71,713.34	\$	7.70	.603		81.49	\$	4.64
DURABLE MED. EQUIP.	38	115	τ	7,953.15	τ	69.16	.007	Ψ.	209.29	Υ	.51
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	2	2		1,318.17		659.09	.000		659.09		.09
MEDICAL TRANSPORTATION	108	1,641		14,889.62		9.07	.106		137.87		.96
AMBULANCES/AIR TRANS	106	1,604		14,787.69		9.22	.104		139.51		.96
OTHER TRANS	1	8		75.80		9.48	.001		75.80		.00
OTHER SERVICES	1	29		26.13		.90	.002		26.13		.00
ACUPUNCTURE	1	1		27.03		27.03	.000		27.03		.00

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	31	31	3,255.00	105.00	.002	105.00	.21
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	115	254	2,294.08	9.03	.016	19.95	.15
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	1	2	60.26	30.13	.000	60.26	.00
PROSTHETIST/ORTHOTISTS	6	10	614.04	61.40	.001	102.34	.04
PROSTHETICS	1	4	221.21	55.30	.000	221.21	.01
ORTHOTICS	5	6	392.83	65.47	.000	78.57	.03
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	3	6	277.72	46.29	.000	92.57	.02
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	1	1	1,046.55	1046.55	.000	1046.55	.07
LOCAL EDUCATION AGENCIES	563	3,969	37,545.12	9.46	.257	66.69	2.43
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	24	3,282	2,432.60	.74	.213	101.36	.16
@CALIF. CHILDREN SERVICES*	68	324	\$ 45,331.20	\$ 139.91	.021	\$ 666.64	\$ 2.94
@XOVER EXCLUDING STATE HOSP**	32	118	\$ 2,160.78	\$ 18.31	.008	\$ 67.52	\$.14

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICE MOP024 FEE-FOR-SERVICE

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 FEE-FOR-SERVICE/DENTAL

PAGE 809

01/29/04

AMADOR COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL

ANADOR COUNTI	DOMMART OF DER	VICES FOR MEDICALLI	NEEDI TOTAL				~=
					_	NTHLY AVERA	
19,385 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURE				COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	10,768	124,188 \$	7,488,265.2		6.406		
@PHYSICIANS SERVICES	2,808	9,516 \$	325,113.5		.491		
OUTPATIENT VISITS	1,449	1,979	73,248.9		.102	50.55	3.78
OFFICE VISITS	1,250	1,609	52,308.1		.083	41.85	2.70
HOME VISITS	0	0	.0		.000	.00	.00
EMERGENCY ROOM	88	90	5,085.6		.005	57.79	.26
PREVENTIVE CARE	5	5	265.1		.000	53.04	.01
OB VISITS/COMPRE PERI	100	210	13,748.3	8 65.47	.011	137.48	.71
OTHER OUTPATIENT	52	65	1,841.5	9 28.33	.003	35.42	.10
INPATIENT VISITS	140	458	23,475.2		.024	167.68	1.21
HOSPITAL VISITS	119	400	16,850.0	8 42.13	.021	141.60	.87
CRITICAL CARE	16	45	6,155.1	9 136.78	.002	384.70	.32
SNF/ICF/TRANS IP CARE	11	13	470.0	0 36.15	.001	42.73	.02
OPHTHALMOLOGICAL SERVICES	11	11	530.7	9 48.25	.001	48.25	.03
EXAMINATIONS	11	11	530.7	9 48.25	.001	48.25	.03
SERVICES AND MATERIALS	0	0	.0	0 .00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	152	1,773	89,458.2	6 50.46	.091	588.54	4.61
PRINCIPAL SURGEON	106	125	75,725.1	8 605.80	.006	714.39	3.91
ASSISTANT SURGEON	17	17	3,024.8	1 177.93	.001	177.93	.16
ANESTHESIOLOGIST	53	1,631	10,708.2	7 6.57	.084	202.04	.55
OUTPATIENT SURGERY	231	677	41,852.9	1 61.82	.035	181.18	2.16
PRINCIPAL SURGEON	194	239	33,795.0	4 141.40	.012	174.20	1.74
ASSISTANT SURGEON	3	3	491.0	2 163.67	.000	163.67	.03
ANESTHESIOLOGIST	57	435	7,566.8	5 17.40	.022	132.75	.39
DIALYSIS	2	11	391.2	4 35.57	.001	195.62	.02
PATHOLOGY	206	331	8,644.3	4 26.12	.017	41.96	.45
RADIOLOGY	748	1,175	38,269.1	7 32.57	.061	51.16	1.97
PSYCHIATRY	0	0	.0	0 .00	.000	.00	.00
IMMUNIZATION AND INJECTION	58	202	5,299.8	4 26.24	.010	91.38	.27
OTHER SERVICES/ALL X-OVERS	702	2,899	43,942.7	8 15.16	.150	62.60	2.27

@PHARMACY	6,736	31,889	\$ 1,491,385.54	\$ 46.77	1.645	\$ 221.41	\$ 76.94
PRESCRIPTION DRUGS	6,704	23,728	1,478,611.72	62.32	1.224	220.56	76.28
SNF/ICF	1,029	6,890	359,105.80	52.12	.355	348.99	18.52
OUTPATIENTS	5,692	16,838	1,119,505.92	66.49	.869	196.68	57.75
MEDICAL SUPPLIES	168	8,161	12,773.82	1.57	.421	76.03	.66
@DENTIST	649	2,936	\$ 128,580.57	\$ 43.79	.151	\$ 198.12	\$ 6.63
VISITS - DIAGNOSTIC	423	1,791	27,336.40	15.26	.092	64.63	1.41
ORAL SURGERY	73	179	13,112.50	73.25	.009	179.62	.68
DRUGS	6	10	45.00	4.50	.001	7.50	.00
ANESTHESIA	4	4	400.00	100.00	.000	100.00	.02
PERIODONTICS	11	11	1,514.00	137.64	.001	137.64	.08
ENDODONTICS	72	139	25,356.00	182.42	.007	352.17	1.31
RESTORATIVE DENTISTRY	225	672	47,617.50	70.86	.035	211.63	2.46
PROSTHETICS	3	3	60.00	20.00	.000	20.00	.00
DENTURES, STAYPLATES	29	52	10,215.00	196.44	.003	352.24	.53
SPACE MAINTAINERS	1	1	111.00	111.00	.000	111.00	.01

MOPU24

AMADOR COUNTY

SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL

----- MONTHLY AVERAGE ------

RADIOLOGY 1 2 97.99 49.00 .000 97.99 .01
ROOM USE 6 8 249.19 31.15 .000 41.53 .01
CROSSOVERS/ALL OTH OUTPINT 7 29 1,132.89 39.07 .001 161.84 .06
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 811
MOP024 FEE-FOR-SERVICE/DENTAL

MOP024 FEE-FOR-SERVICES FOR MEDICALLY NEEDY - TOTAL

AMADOR COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL

----- MONTHLY AVERAGE ------MADOR COUNTY

SUMMARY OF SERVICE / DEATH.

19,365 ELIGIBLES

19,365 ELIGIBLES

10,572 STILL STORM SERVICE / DEATH SERVICE / DE #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 812
MOPO 24 FEE-FOR-SERVICE/DENTAL 01/29/04
AMADOR COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL ------ MONTHLY AVERAGE -------

19,385 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

	(OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	1,214	29,075 \$	142,119.87	\$ 4.89	1.500	\$ 117.07	\$ 7.33
DURABLE MED. EQUIP.	56	178	19,041.05	106.97	.009	340.02	.98
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	5	5	2,480.02	496.00	.000	496.00	.13
MEDICAL TRANSPORTATION	160	2,403	22,100.26	9.20	.124	138.13	1.14
AMBULANCES/AIR TRANS	119	1,747	17,356.84	9.94	.090	145.86	.90
OTHER TRANS	23	301	1,892.96	6.29	.016	82.30	.10
OTHER SERVICES	23	355	2,850.46	8.03	.018	123.93	.15
ACUPUNCTURE	1	1	27.03	27.03	.000	27.03	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	31	31	3,255.00	105.00	.002	105.00	.17
<pre>IHMC,MODEL-NF,NF,AIDS,MSSP</pre>	37	276	12,770.31	46.27	.014	345.14	.66
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	171	382	3,783.24	9.90	.020	22.12	.20
PHYSICAL THERAPIST	1	6	.56	.09	.000	.56	.00
PORTABLE X-RAY	4	7	62.90	8.99	.000	15.73	.00
PROSTHETIST/ORTHOTISTS	11	63	11,486.83	182.33	.003	1044.26	.59
PROSTHETICS	6	57	11,094.00	194.63	.003	1849.00	.57
ORTHOTICS	5	6	392.83	65.47	.000	78.57	.02
PSYCHOLOGIST	7	7	60.05	8.58	.000	8.58	.00
SPEECH AND AUDIOLOGY	7	11	1,177.25	107.02	.001	168.18	.06
HOSPICE SERVICES	4	109	11,890.39	109.09	.006	2972.60	.61
NONINST BIRTHING CENTERS	1	1	1,046.55	1046.55	.000	1046.55	.05
LOCAL EDUCATION AGENCIES	573	7,227	42,710.13	5.91	.373	74.54	2.20
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	189	18,368	10,228.30	.56	.948	54.12	.53
@CALIF. CHILDREN SERVICES*	71	334 \$.,	\$ 139.92	.017		\$ 2.41
@XOVER EXCLUDING STATE HOSP**	884	11,466 \$	175,946.03	\$ 15.35	.591	\$ 199.03	\$ 9.08

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

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#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 813
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

----- MONTHLY AVERAGE -----

AMADOR COUNTY SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W

985 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	462	11,276 \$	121,930.71	\$ 10.81	11.448 \$	263.92	\$ 123.79
@PHYSICIANS SERVICES	127	280 \$	16,414.05	\$ 58.62	.284 \$	129.24	\$ 16.66
OUTPATIENT VISITS	81	99	3,962.99	40.03	.101	48.93	4.02
OFFICE VISITS	61	73	2,374.83	32.53	.074	38.93	2.41
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	10	10	628.23	62.82	.010	62.82	.64
PREVENTIVE CARE	1	1	65.78	65.78	.001	65.78	.07
OB VISITS/COMPRE PERI	8	11	833.78	75.80	.011	104.22	.85
OTHER OUTPATIENT	4	4	60.37	15.09	.004	15.09	.06
INPATIENT VISITS	6	11	1,033.17	93.92	.011	172.20	1.05
HOSPITAL VISITS	6	11	586.86	53.35	.011	97.81	.60
CRITICAL CARE	0	0	446.31	.00	.000	.00	.45
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	9	32	6,834.92	213.59	.032	759.44	6.94
PRINCIPAL SURGEON	6	6	6,030.69	1005.12	.006	1005.12	6.12
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	3	26	804.23	30.93	.026	268.08	.82

	1.0	0.0	0.60 11	20.00	0.00	06 01	0.0
OUTPATIENT SURGERY	10	28	863.11	30.83	.028	86.31	.88
PRINCIPAL SURGEON	7	7	338.29	48.33	.007	48.33	.34
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	3	21	524.82	24.99	.021	174.94	.53
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	15	22	751.60	34.16	.022	50.11	.76
RADIOLOGY	30	53	1,424.96	26.89	.054	47.50	1.45
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	2	3	80.45	26.82	.003	40.23	.08
OTHER SERVICES/ALL X-OVERS	12	32	1,462.85	45.71	.032	121.90	1.49
@PHARMACY	219	998 \$	23,391.69	\$ 23.44	1.013	\$ 106.81	\$ 23.75
PRESCRIPTION DRUGS	214	416	22,595.23	54.32	.422	105.59	22.94
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	214	416	22,595.23	54.32	.422	105.59	22.94
MEDICAL SUPPLIES	5	582	796.46	1.37	.591	159.29	.81
@DENTIST	30	157 \$	4,513.58		.159	\$ 150.45	\$ 4.58
VISITS - DIAGNOSTIC	24	112	1,617.50	14.44	.114	67.40	1.64
ORAL SURGERY	4	15	1,480.00	98.67	.015	370.00	1.50
DRUGS	3	4	90.00	22.50	.004	30.00	.09
ANESTHESIA	1	1	100.00	100.00	.001	100.00	.10
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	1	3	213.00	71.00	.003	213.00	.22
RESTORATIVE DENTISTRY	7	17	826.00	48.59	.017	118.00	.84
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	1	1	112.08	112.08	.001	112.08	.11
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	4	75.00	18.75	.004	75.00	.08
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT H	REPORT FOR JAN	I 2003 THRU I	DEC 2003	PAGE 814
MOP024	FEE-FOR-SERVICE/DENTA	L					01/29/04

985 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST OR DAYS OF CARE PER UNIT/DAY PER ELIG USE @OPTOMETRIST 9 24 \$ 604.16 \$ 25.17 .024 \$ 67	PER R .13 \$	COST PER ELIGIBLE
OR DAYS OF CARE PER UNIT/DAY PER ELIG USE	R .13 \$.45	ELIGIBLE .61
	13 \$.45	.61
@OPTOMETPICT 9 24 \$ 604 16 \$ 25 17 024 \$ 67	45	
DIAGNOSTIC AND ANC. PROCED 8 8 379.60 47.45 .008 47		.39
EYE APPLIANCES 5 14 192.94 13.78 .014 38	. 59	.20
OTHER OPTOMETRIC SERVICES 1 2 31.62 15.81 .002 31	62	.03
@CHIROPRACTOR 3 5 \$ 83.60 \$ 16.72 .005 \$ 27	87 \$.08
VISITS 3 5 83.60 16.72 .005 27	. 87	.08
OTHER SERVICES 0 0 .00 .00 .00	.00	.00
@PODIATRIST 0 0 \$.00 \$.00 \$.00 \$.00
MEDICINE/INJECTIONS 0 0 .00 .00 .00	.00	.00
SURGERY/ANES. 0 0 .00 .00 .00	.00	.00
RADIO./PATHOLOGY 0 0 .00 .00 .00	. 00	.00
OTHER 0 0 0 .00 .00 .00	.00	.00
@HOME HEALTH AGENCY 0 0 \$.00 \$.00 \$.00 \$.00
NURSE ANESTHESIST 0 0 \$.00 \$.00 \$.00 \$.00
NURSE MIDWIFE 0 0 \$.00 \$.00 \$.00 \$.00
PEDIATRIC NURSE PRACTITIONER 0 0 \$.00 \$.00 \$.00 \$.00
FAMILY NURSE PRACTITIONER 0 0 \$.00 \$.00 \$.00 \$.00
@TOTAL HOSPITAL 130 478 \$ 41,731.17 \$ 87.30 .485 \$ 321		42.37
HOSP INPATIENT TOTAL 8 25 28,390.26 1135.61 .025 3548	. 78	28.82
HSC HOSPITALS 3 5 4,145.50 829.10 .005 1381	. 83	4.21
NON-HSC HOSPITAL TOTAL 5 20 24,244.76 1212.24 .020 4848	. 95	24.61
ACCOMMODATIONS 5 20 8,301.70 415.09 .020 1660	. 34	8.43
ADMINISTRATIVE DAYS 0 0 .00 .00 .00	.00	.00
TRANSITIONAL IP CARE 0 0 .00 .00 .00	.00	.00

SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W

AMADOR COUNTY

ALL OTHER ACCOM	5	20	8,301.70	415.0	9 .020	1660.34	8.43
	2	20	•				
ANCILLARIES	5	0	15,943.06	.0	0 .000	3188.61	16.19
INPATIENT CROSSOVERS	0	0	.00	.0	0 .000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.0	0 .000	.00	.00
HOSP OUTPATIENT TOTAL	126	453	13,340.91	29.4	5 .460	105.88	13.54
MEDICAL	67	96	3,613.52	37.6	4 .097	53.93	3.67
SURGERY	7	7	286.80	40.9	7 .007	40.97	.29
PATHOLOGY	45	170	1,784.64	10.5	0 .173	39.66	1.81
RADIOLOGY	29	47	3,345.39	71.1	8 .048	115.36	3.40
ROOM USE	59	78	3,154.41	40.4	4 .079	53.46	3.20
CROSSOVERS/ALL OTH OUTPINT	29	55	1,156.15	21.0	2 .056	39.87	1.17
@COUNTY HOSPITAL TOTAL	3	18	\$ 487.13	\$ 27.0	6 .018	\$ 162.38	\$.49
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.0	0 .000	.00	.00
HSC HOSPITALS	0	0	.00	.0	0 .000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.0	0 .000	.00	.00
ACCOMMODATIONS	0	0	.00	.0	0 .000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	Ö	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	Ō	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	3	18	487.13	27.06	.018	162.38	.49
MEDICAL	2	3	57.87	19.29	.003	28.94	.06
SURGERY	2	2	66.55	33.28	.002	33.28	.07
PATHOLOGY	1	4	48.69	12.17	.004	48.69	.05
RADIOLOGY	1	2	72.82	36.41	.002	72.82	.07
ROOM USE	2	5	181.80	36.36	.005	90.90	.18
CROSSOVERS/ALL OTH OUTPTNT	2	2	59.40	29.70	.002	29.70	.06
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES MON	ITH-OF-PAYMENT RE	EPORT FOR JAN 2	2003 THRU DE	C 2003	PAGE 815
MOP024	FEE-FOR-SERVICE	/DENTAL					01/29/04
AMADOR COUNTY	SUMMARY OF SERV	ICES FOR MIC - NO SOC	03 04 2A 45 4A 4	4K 4M 5K 7T 82	8E 8W		
					MON	THLY AVERA	GE
985 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	127	460 \$	41,244.04	\$ 89.66	.467 \$		
COMM HOSP INPATIENT TOTAL	8	25	28,390.26	1135.61	.025	3548.78	28.82
HSC HOSPITALS	3	5	4,145.50	829.10	.005	1381.83	4.21
NON-HSC HOSPITALS TOTAL	5	20	24,244.76	1212.24	.020	4848.95	24.61
ACCOMMODATIONS	5	20	8,301.70	415.09	.020	1660.34	8.43
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	5	20	8,301.70	415.09	.020	1660.34	8.43
ANCILLARIES	5	0	15,943.06	.00	.000	3188.61	16.19
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	123	435	12,853.78	29.55	.442	104.50	13.05
MEDICAL	65	93	3,555.65	38.23	.094	54.70	3.61
SURGERY	5	5	220.25	44.05	.005	44.05	. 22
PATHOLOGY	44	166	1,735.95	10.46	.169	39.45	1.76
RADIOLOGY	28	45	3,272.57	72.72	.046	116.88	3.32
ROOM USE	57	73	2,972.61	40.72	.074	52.15	3.02
CROSSOVERS/ALL OTH OUTPINT	27	53	1,096.75	20.69	.054	40.62	1.11

3	5		4,145.50		029.10	.005		1301.03		4.21
5						.020				24.61
5	20		8,301.70		415.09	.020		1660.34		8.43
0	0		.00		.00			.00		.00
0	0									.00
5	20									8.43
5	0									16.19
0	0									.00
· ·	0					.000		.00		.00
						.442		104.50		13.05
	93									3.61
_	5									.22
										1.76
										3.32
					40.72					3.02
27	53				20.69					1.11
0	0	\$.00	\$.00		\$.00	\$.00
0	0		.00		.00			.00		.00
0	0		.00		.00			.00		.00
0	0	\$		\$			\$		\$.00
0	0									.00
0	0									.00
0	0		.00		.00			.00		.00
0	0									.00
0	0									.00
0	0									.00
0	0	\$		\$			\$		\$.00
0	0									.00
0	0									.00
0	0									.00
0	0	\$		\$			\$		\$.00
0	0									.00
0	0									.00
0	0	\$		\$			\$		\$.00
0	-									.00
0	-									.00
	64	\$	1,156.66	\$	18.07		\$		\$	1.17
	64		1,156.66		18.07					1.17
0	0		.00		.00	.000		.00		.00
	5 5 0 0 123 65 5 44 28 57 27 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 123 435 65 93 5 5 44 166 28 45 57 73 27 53 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	5 20 0 0 0 0 5 20 5 0 0 0 0 0 123 435 65 93 5 5 44 166 28 45 57 73 27 53 0 0	5 20 24,244.76 5 20 8,301.70 0 0 .00 0 0 .00 5 20 8,301.70 5 0 15,943.06 0 0 .00 0 0 .00 123 435 12,853.78 65 93 3,555.65 5 220.25 44 166 1,735.95 28 45 3,272.57 57 73 2,972.61 27 53 1,096.75 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 <	5 20 24,244.76 5 20 8,301.70 0 0 .00 0 0 .00 5 20 8,301.70 5 0 15,943.06 0 .00 .00 0 0 .00 0 0 .00 123 435 12,853.78 65 93 3,555.65 5 220.25 44 166 1,735.95 28 45 3,272.57 57 73 2,972.61 27 53 1,096.75 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0	5 20 24,244.76 1212.24 5 20 8,301.70 415.09 0 0 .00 .00 0 0 .00 .00 5 20 8,301.70 415.09 5 0 15,943.06 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 123 435 12,853.78 29.55 65 93 3,555.65 38.23 5 5 220.25 44.05 44 166 1,735.95 10.4 28 45 3,272.57 72.72 27 53 1,096.75 20.69 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00	5 20 24,244.76 1212.24 .020 5 20 8,301.70 415.09 .020 0 0 .00 .00 .00 0 0 .00 .00 .00 5 20 8,301.70 415.09 .020 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 123 435 12,853.78 29.55 .442 65 93 3,555.65 38.23 .094 5 5 20.25 44.05 .005 44 166 1,735.95 10.46 .169 28 45 3,272.57 72.72 .046 57 73 2,972.61 40.72 .074 27 53 1,096.75 20.69 .054 0<	5 20 24,244,76 1212.24 .020 5 20 8,301.70 415.09 .020 0 0 .00 .00 .00 0 0 .00 .00 .00 5 20 8,301.70 415.09 .020 5 0 15,943.06 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 123 435 12,853.78 29.55 .442 65 93 3,555.65 38.23 .094 5 5 220.25 44.05 .005 44 166 1,735.95 10.46 .169 28 45 3,272.57 72.72 .046 57 73 2,972.61 40.72 .074 27 <td>5 20 24,244.76 1212.24 .020 4848.95 5 20 8,301.70 415.09 .020 1660.34 0 0 .00 .00 .00 .00 5 20 8,301.70 415.09 .020 1660.34 5 0 15,943.06 .00 .000 .000 .000 0 0 .00 .00 .000 .000 .000 123 435 12,853.78 29.55 .442 104.50 65 93 3,555.65 38.23 .094 54.70 5 5 220.25 44.05 .005 44.05 44 166 1,735.95 10.46 .169 39.45 57 73 2,972.61 40.72 .074 52.15 27 53 1,096.75 20.69 .054 40.62 0 0 \$.00 .00 .00 0 0<</td> <td>5 20 24,244.76 1212.24 .020 4848.95 5 20 8,301.70 415.09 .020 1660.34 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 5 20 8,301.70 415.09 .020 1660.34 5 0 15,943.06 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 123 435 12,853.78 29.55 .442 104.50 .65 93 3,555.65 38.23 .094 54.70 .54 .00 .40.50 .44.05 .44.05 .44.05 .44.05 .44.05 .44.05 .44.05 .44.05 .44.05 .44.05 .44.05 .44.05 .44.05 .44.05 .44.05 .44.05 .44.05 .44.05 .44.05</td>	5 20 24,244.76 1212.24 .020 4848.95 5 20 8,301.70 415.09 .020 1660.34 0 0 .00 .00 .00 .00 5 20 8,301.70 415.09 .020 1660.34 5 0 15,943.06 .00 .000 .000 .000 0 0 .00 .00 .000 .000 .000 123 435 12,853.78 29.55 .442 104.50 65 93 3,555.65 38.23 .094 54.70 5 5 220.25 44.05 .005 44.05 44 166 1,735.95 10.46 .169 39.45 57 73 2,972.61 40.72 .074 52.15 27 53 1,096.75 20.69 .054 40.62 0 0 \$.00 .00 .00 0 0<	5 20 24,244.76 1212.24 .020 4848.95 5 20 8,301.70 415.09 .020 1660.34 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 5 20 8,301.70 415.09 .020 1660.34 5 0 15,943.06 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 123 435 12,853.78 29.55 .442 104.50 .65 93 3,555.65 38.23 .094 54.70 .54 .00 .40.50 .44.05 .44.05 .44.05 .44.05 .44.05 .44.05 .44.05 .44.05 .44.05 .44.05 .44.05 .44.05 .44.05 .44.05 .44.05 .44.05 .44.05 .44.05 .44.05

@ORGANIZED OUTPATIENT CLINIC	86	131 \$	19,928.69	\$ 152.13	.133 \$	231.73	\$ 20.23
CLINIC	5	10	115.13	11.51	.010	23.03	.12
SURGICENTER	2	12	462.42	38.54	.012	231.21	.47
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	79	109	19,351.14	177.53	.111	244.95	19.65
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REP	PORT FOR JAN 2003	THRU DEC	2003	PAGE 816
MOP024	FEE-FOR-SERVICE/DENTA	L					01/29/04
AMADOR COUNTY	SUMMARY OF SERVICES F	OR MIC - NO	SOC 03 04 2A 45 4A 4K	4M 5K 7T 82 8E	8W		

----- MONTHLY AVERAGE -----985 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER PER UNIT/DAY PER ELIG USER 14,107.11 \$ 1.54 9.278 \$ 282.14 \$ 14.32 229.60 76.53 .003 114.80 .23 OR DAYS OF CARE 9,139 \$ @ALL OTHER PROVIDERS 50 DURABLE MED. EQUIP. 3 BLOOD BANK Ω Ω 0 5 5 0 HEARING AID DISPENSERS .00 33 33 MEDICAL TRANSPORTATION .50 AMBULANCES/AIR TRANS .50 .00 OTHER TRANS 0 OTHER SERVICES .00 ACUPUNCTURE ADULT DAY HEALTH CARE CTR .00 2 GENETIC DISEASE TESTING 2 .21 Ο IHMC, MODEL-NF, NF, AIDS, MSSP .00 0 OCCUPATIONAL THERAPIST 0 .00 14 .12 OPTICIAN PHYSICAL THERAPIST 0 .00 PORTABLE X-RAY Ω .00 .10 PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS 1 .10 PSYCHOLOGIST Ω .00 0 0 SPEECH AND AUDIOLOGY 0 .00 0 0 0 23 0 970 .00 HOSPICE SERVICES NONINST BIRTHING CENTERS . 00 LOCAL EDUCATION AGENCIES 7.37 0 EPSDT SUPPLEMENTAL SERVICE .00 RESPIRATORY CARE PRACT. 0 0 0 .00 .00 PED SUBACUTE REHAB/WEANING 0 0 0 .00 .00 ALL OTHER PROVIDERS 16 8,116 5,699.57 .70 @CALIF. CHILDREN SERVICES* 18 60 \$ 5,129.10 \$ 85.49 @XOVER EXCLUDING STATE HOSP** 0 0 \$.00 \$.00 .00 .00 .00 .000 .00 .70 8.240 356.22 35.49 .061 \$ 284.95 \$ 5.79 5.21 .000 \$.00 \$.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 817
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
AMADOR COUNTY SUMMARY OF SERVICES FOR MIC - SOC AID CODE 83

					MOI	NTHLY AVERA	GE.	
11 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	16	64	\$ 3,359.52	\$ 52.49	5.818	209.97	\$	305.41
@PHYSICIANS SERVICES	8	16	\$ 989.08	\$ 61.82	1.455	123.64	\$	89.92
OUTPATIENT VISITS	4	4	103.76	25.94	.364	25.94		9.43
OFFICE VISITS	4	4	103.76	25.94	.364	25.94		9.43
HOME VISITS	0	0	.00	.00	.000	.00		.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00		.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00		.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00		.00
INPATIENT VISITS	1	1	87.39	87.39	.091	87.39		7.94

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

HOSPITAL VISITS	1	1		87.39		87.39	.091		87.39		7.94
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
	0	0									
INPATIENT HOSPITAL SURGERY	U	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	1	1		234.18		234.18	.091		234.18		21.29
PRINCIPAL SURGEON	1	1		234.18		234.18	.091		234.18		21.29
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	Ô	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
	1	0									
RADIOLOGY	Ţ	۷		12.98		6.49	.182		12.98		1.18
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	3	8		550.77		68.85	.727		183.59		50.07
@PHARMACY	2	4	\$	44.85	\$	11.21	.364	\$	22.43	\$	4.08
PRESCRIPTION DRUGS	2	4		44.85		11.21	.364		22.43		4.08
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	2	4		44.85		11.21	.364		22.43		4.08
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	3	10	\$	378.00	\$	37.80	.909	\$	126.00	\$	34.36
	3	7	Ą		Ą			Ą		Ą	
VISITS - DIAGNOSTIC	3			93.00		13.29	.636		31.00		8.45
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	1		180.00		180.00	.091		.00		16.36
RESTORATIVE DENTISTRY	2	2		105.00		52.50	.182		52.50		9.55
PROSTHETICS	<u> </u>	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
	0	0					.000				
MAXILLOFACIAL SERVICES	0	0		.00		.00			.00		.00
FRACTURES, DISLOCATIONS	0	U		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVI	CES AND EXPENDITUR	ES I	MONTH-OF-PAYMENT R	EPORT	FOR JAN	2003 THRU	DEC	2003	P	AGE 818
MOP024	FEE-FOR-SERVIC	E/DENTAL									01/29/04
AMADOR COUNTY	SUMMARY OF SERV	VICES FOR MIC - S	OC			AID CODE	83				
							N	TNO	HLY AVERA	GE	
11 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAY		COST PER		COST PER
11 111011110	OBERD	OR DAYS OF CARE					PER ELIC		USER		ELIGIBLE
@OPTOMETRIST	0	OR DATE OF CARE	ċ.	.00	\$.00	.000		.00	\$.00
	0		Ą		Ą			Ą		Ą	
DIAGNOSTIC AND ANC. PROCED		0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	•	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
	0	•									
OTHER	ŭ	0	4	.00	4	.00	.000	4	.00	4	.00
@HOME HEALTH AGENCY	0	0	\$.00	ş	.00	.000		.00	Ş	.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00

PEDIATRIC NURSE PRACTITIONER	0	0	ς.	.00	ب ب	.00	.000 \$.00	\$.00
	. 0		ې د		\$					
FAMILY NURSE PRACTITIONER	0	0	Ş	.00	\$.00	.000 \$.00
@TOTAL HOSPITAL	8	26	Ş	1,530.62	Ş	58.87	2.364 \$		Ş	139.15
HOSP INPATIENT TOTAL	1	1		846.00		846.00	.091	846.00		76.91
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITAL TOTAL	1	1		846.00		846.00	.091	846.00		76.91
ACCOMMODATIONS	1	1		217.37		217.37	.091	217.37		19.76
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	1	1		217.37		217.37	.091	217.37		19.76
ANCILLARIES	1	0		628.63		.00	.000	628.63		57.15
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	7	25		684.62		27.38	2.273	97.80		62.24
MEDICAL	4	6		156.64		26.11	.545	39.16		14.24
SURGERY	0	0		.00		.00	.000	.00		.00
	2	10		105.22		10.52	.909	35.07		9.57
PATHOLOGY	3						.273	73.78		
RADIOLOGY	3	3		221.34		73.78				20.12
ROOM USE	5	5		199.97		39.99	.455	39.99		18.18
CROSSOVERS/ALL OTH OUTPTNT	1	1 0	4.	1.45		1.45	.091	1.45	4.	.13
@COUNTY HOSPITAL TOTAL	0		\$.00	\$.00	.000 \$		\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	Õ		.00		.00	.000	.00		.00
MEDICAL	0	Õ		.00		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0								
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT		0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURE	S MO	ONTH-OF-PAYMENT R	EPOK.	FOR JAN 2	2003 THRU DE	C 2003	P	AGE 819
MOP024	FEE-FOR-SERVIC		. ~				0.0			01/29/04
AMADOR COUNTY	SUMMARY OF SER	VICES FOR MIC - SC)C			AID CODE				
							MON			
11 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAYS			COST PER
		OR DAYS OF CARE				R UNIT/DAY		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	8	26	\$	1,530.62	\$		2.364 \$	191.33	\$	
COMM HOSP INPATIENT TOTAL	1	1		846.00		846.00	.091	846.00		76.91
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	1	1		846.00		846.00	.091	846.00		76.91
ACCOMMODATIONS	1	1		217.37		217.37	.091	217.37		19.76
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	ĺ	ĺ		217.37		217.37	.091	217.37		19.76
ANCILLARIES	1	0		628.63		.00	.000	628.63		57.15
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	7	25		684.62		27.38	2.273	97.80		62.24
MEDICAL	4	6		156.64		26.11	.545	39.16		14.24
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	3	10		105.22		10.52	.909	35.07		9.57
PAIROLOGI	3	Τ0		105.22		TO.32	. 909	33.07		2.31

0 \$

.00 \$

.00 .000 \$

.00 \$

.00

0

NURSE MIDWIFE

RADIOLOGY	3	3	221.34	73.78	.273	73.78	20.12
ROOM USE	5	5	199.97	39.99	.455	39.99	18.18
CROSSOVERS/ALL OTH OUTPINT	1	1	1.45	1.45	.091	1.45	.13
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00

T.G	0	•	0.0		0.0	0.00	0.0		0.0
ICF DDN/DDCN	0	0	.00		.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
HOSPITAL BASED	0	0	.00		.00	.000	.00		.00
HEMODIALYSIS CENTER	0	0	.00		.00	.000	.00		.00
@REHABILITATION FACILITY	0	0 \$.00	\$.00	.000 \$.00	\$.00
	0	0 \$		Ÿ		·		Y	
HOSPITAL BASED	Ü	Ü	.00		.00	.000	.00		.00
INDEPENDENT FACILITY	0	0	.00		.00	.000	.00		.00
@LABORATORY FACILITY	0	0 \$.00	\$.00	.000 \$.00	\$.00
PATHOLOGY	0	0	.00		.00	.000	.00		.00
XO AND OTHERS	0	0	.00		.00	.000	.00		.00
	2		281.02	\$ 14				ė.	25.55
@ORGANIZED OUTPATIENT CLINIC	2	2 \$		\$ 14	0.51	.182 \$	140.51	\$	
CLINIC	0	0	.00		.00	.000	.00		.00
SURGICENTER	0	0	.00		.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0	.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	2	2	281.02	14	0.51	.182	140.51		25.55
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES MC						PAG	
			MIH-OF-PAIMENI K	EPORT FO.	X UAN	ZUUS IRKU DE	2003	PA	
MOP024	FEE-FOR-SERVICE								01/29/04
AMADOR COUNTY	SUMMARY OF SERV	ICES FOR MIC - SOC		AI:	CODE	83			
						MON'	THLY AVERA	GE -	
11 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAG	COST	UNITS/DAYS	COST PER	C	OST PER
11 111011110	OBLIG	OR DAYS OF CARE	DIII DIVDI I ORDD			PER ELIG	USER		LIGIBLE
all office provided	1		125.05						
@ALL OTHER PROVIDERS	1	6 \$	135.95	\$ 2	2.66	.545 \$		\$	12.36
DURABLE MED. EQUIP.	0	0	.00		.00	.000	.00		.00
BLOOD BANK	0	0	.00		.00	.000	.00		.00
HEARING AID DISPENSERS	0	0	.00		.00	.000	.00		.00
MEDICAL TRANSPORTATION	1	é	135.95	2	2.66	.545	135.95		12.36
	1	0							
AMBULANCES/AIR TRANS	1	6	135.95	2	2.66	.545	135.95		12.36
OTHER TRANS	0	0	.00		.00	.000	.00		.00
OTHER SERVICES	0	0	.00		.00	.000	.00		.00
ACUPUNCTURE	0	0	.00		.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0	0	.00		.00	.000	.00		.00
	0	0							
GENETIC DISEASE TESTING	Ü	Ü	.00		.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00		.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0	.00		.00	.000	.00		.00
OPTICIAN	0	0	.00		.00	.000	.00		.00
PHYSICAL THERAPIST	0	0	.00		.00	.000	.00		.00
	0	0							
PORTABLE X-RAY	U	U	.00		.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	0	0	.00		.00	.000	.00		.00
PROSTHETICS	0	0	.00		.00	.000	.00		.00
ORTHOTICS	0	0	.00		.00	.000	.00		.00
PSYCHOLOGIST	0	0	.00		.00	.000	.00		.00
SPEECH AND AUDIOLOGY	0	0	.00		.00	.000	.00		.00
	0	0							
HOSPICE SERVICES	Ü	Ü	.00		.00	.000	.00		.00
NONINST BIRTHING CENTERS	0	0	.00		.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	0	0	.00		.00	.000	.00		.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00		.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0	.00		.00	.000	.00		.00
	0	0							
PED SUBACUTE REHAB/WEANING	U	U	.00		.00	.000	.00		.00
ALL OTHER PROVIDERS	0	0	.00		.00	.000	.00		.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0 Š	.00	\$.00	.000 \$.00		.00
@* TOTALS IN THESE LINES ARE		- 1		т.				т.	
THE AMOUNTS ARE ALREADY IN			ABUVE.						
** THESE DATA ARE INCLUDED I									
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES MC	NTH-OF-PAYMENT R	EPORT FO	R JAN	2003 THRU DE	C 2003	PAG	GE 821
MOP024	FEE-FOR-SERVICE	/DENTAL							01/29/04
AMADOR COUNTY		ICES FOR MEDICALLY IN	DIGENT - CHILDRE	N - TOTA	L				. , -
						MON'	THIY AVERA	GE -	
006 FITCIDIFC	HCFDC	INITE OF CEDUTOR	EADENDIALIDEC	777557	- acam	TINITUC / DAVC			

996 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE

@TOTAL, ALL PROVIDERS	478	11,340	\$	125,290.23	\$	11.05	11.386	\$	262.11	-	125.79
@PHYSICIANS SERVICES	135	296	\$	17,403.13	\$	58.79	.297	\$	128.91	\$	17.47
OUTPATIENT VISITS	85	103		4,066.75		39.48	.103		47.84		4.08
OFFICE VISITS	65	77		2,478.59		32.19	.077		38.13		2.49
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	10	10		628.23		62.82	.010		62.82		.63
PREVENTIVE CARE	1	1		65.78		65.78	.001		65.78		.07
OB VISITS/COMPRE PERI	8	11		833.78		75.80	.011		104.22		.84
OTHER OUTPATIENT	4	4		60.37		15.09	.004		15.09		.06
INPATIENT VISITS	7	12		1,120.56		93.38	.012		160.08		1.13
HOSPITAL VISITS	7	12		674.25		56.19	.012		96.32		.68
CRITICAL CARE	0	0		446.31		.00	.000		.00		.45
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	9	32		6,834.92		213.59	.032		759.44		6.86
PRINCIPAL SURGEON	6	6		6,030.69		1005.12	.006		1005.12		6.05
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	3	26		804.23		30.93	.026		268.08		.81
OUTPATIENT SURGERY	11	29		1,097.29		37.84	.029		99.75		1.10
PRINCIPAL SURGEON	8	8		572.47		71.56	.008		71.56		.57
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	3	21		524.82		24.99	.021		174.94		.53
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	15	22		751.60		34.16	.022		50.11		.75
RADIOLOGY	31	55		1,437.94		26.14	.055		46.39		1.44
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	2	3		80.45		26.82	.003		40.23		.08
OTHER SERVICES/ALL X-OVERS	15	40		2,013.62		50.34	.040		134.24		2.02
@PHARMACY	221		\$	23,436.54	\$	23.39	1.006	Ś	106.05	Ś	23.53
PRESCRIPTION DRUGS	216	420	r	22,640.08	τ.	53.90	.422	τ.	104.82	Ψ	22.73
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	216	420		22,640.08		53.90	.422		104.82		22.73
MEDICAL SUPPLIES	5	582		796.46		1.37	.584		159.29		.80
@DENTIST	33		\$	4,891.58	\$	29.29	.168	\$	148.23	Ś	4.91
VISITS - DIAGNOSTIC	27	119	т	1,710.50	т	14.37	.119	т	63.35		1.72
ORAL SURGERY	4	15		1,480.00		98.67	.015		370.00		1.49
DRUGS	3	4		90.00		22.50	.004		30.00		.09
ANESTHESIA	1	1		100.00		100.00	.001		100.00		.10
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	1	4		393.00		98.25	.004		393.00		.39
RESTORATIVE DENTISTRY	9	19		931.00		49.00	.019		103.44		.93
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	1	1		112.08		112.08	.001		112.08		.11
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	Ö		.00		.00	.000		.00		.00
ALL OTHER SERVICES	1			75.00							
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES									GE 822
MOP024	FEE-FOR-SERVICE		J 1·10	ANTII OI IIIIIIINI KI	JI OIC	1 1010 07110	2005 11110	рцс	2003		01/29/04
AMADOR COUNTY		VICES FOR MEDICALLY	v TN	IDIGENT - CHILDREN	J –	ΤΟΤΔΙ.					01/25/01
ANADOR COUNTI	SOMMAN OF SERV	TCES FOR MEDICALL.	T TI/	IDIGENI CHIEDREN	v	TOTAL	M	ONT	HIV VALED	GE -	
996 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	2/17	FRACE COST		-		-	OST PER
JJO HITCIDING	OBLIG	OR DAYS OF CARE		EXI ENDITORES		R UNIT/DAY			USER		LIGIBLE
@OPTOMETRIST	9	OR DAIS OF CARE	4	604.16			.024				.61
DIAGNOSTIC AND ANC. PROCED	8	8	Υ	379.60	Ą	47.45	.008	ų	47.45	Y	.38
EYE APPLIANCES	o 5	14		192.94		13.78	.014		38.59		.19
OTHER OPTOMETRIC SERVICES	1	2		31.62		15.78	.002		31.62		.03
OTHER OFTOMETIME SERVICES	т.	2		31.02		10.01	.002		21.02		.03

@CHIROPRACTOR	3	5 \$	83.60	\$ 16.72	.005 \$	27.87	\$.08
VISITS	3	5	83.60	16.72	.005	27.87		.08
OTHER SERVICES	0	0	.00	.00	.000	.00		.00
@PODIATRIST	0	0 \$.00	\$.00	.000 \$		بع	.00
	0	υ ş		•			Ą	
MEDICINE/INJECTIONS	-	U	.00	.00	.000	.00		.00
SURGERY/ANES.	0	0	.00	.00	.000	.00		.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00		.00
OTHER	0	0	.00	.00	.000	.00		.00
@HOME HEALTH AGENCY	0	0 \$.00	\$.00	.000 \$.00	\$.00
NURSE ANESTHESIST	0	n ¢	.00	\$.00	.000 \$		\$.00
	0	0 4	.00				\$.00
NURSE MIDWIFE	ŭ	0 \$		•	·			
PEDIATRIC NURSE PRACTITIONER		0 \$.00	\$.00	.000 \$		\$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$		\$.00
@TOTAL HOSPITAL	138	504 \$	43,261.79	\$ 85.84	.506 \$	313.49	\$	43.44
HOSP INPATIENT TOTAL	9	26	29,236.26	1124.47	.026	3248.47		29.35
HSC HOSPITALS	3	5	4,145.50	829.10	.005	1381.83		4.16
NON-HSC HOSPITAL TOTAL	6	21	25,090.76	1194.80	.021	4181.79		25.19
	6	21	8,519.07	405.67		1419.85		8.55
ACCOMMODATIONS	0				.021			
ADMINISTRATIVE DAYS		0	.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	6	21	8,519.07	405.67	.021	1419.85		8.55
ANCILLARIES	6	0	16,571.69	.00	.000	2761.95		16.64
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
-	133	478	14,025.53	29.34	.480	105.46		14.08
HOSP OUTPATIENT TOTAL								
MEDICAL	71	102	3,770.16	36.96	.102	53.10		3.79
SURGERY	7	7	286.80	40.97	.007	40.97		.29
PATHOLOGY	48	180	1,889.86	10.50	.181	39.37		1.90
RADIOLOGY	32	50	3,566.73	71.33	.050	111.46		3.58
ROOM USE	64	83	3,354.38	40.41	.083	52.41		3.37
CROSSOVERS/ALL OTH OUTPTNT	30	56	1,157.60	20.67	.056	38.59		1.16
@COUNTY HOSPITAL TOTAL	3	18 \$	487.13	\$ 27.06	.018 \$		\$.49
		- •					Ą	
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00		.00
HSC HOSPITALS	0	0	.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	Ô	.00	.00	.000	.00		.00
	0	0	.00	.00	.000	.00		.00
ANCILLARIES	0	0						
INPATIENT CROSSOVERS	U	U	.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	3	18	487.13	27.06	.018	162.38		.49
MEDICAL	2	3	57.87	19.29	.003	28.94		.06
SURGERY	2	2	66.55	33.28	.002	33.28		.07
PATHOLOGY	1	4	48.69	12.17	.004	48.69		.05
RADIOLOGY	1	2	72.82	36.41	.002	72.82		.07
ROOM USE	2	2 5	181.80	36.36	.005	90.90		.18
	2	2						
CROSSOVERS/ALL OTH OUTPTNT			59.40	29.70	.002	29.70		.06
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURES I	MONTH-OF-PAYMENT R	EPORT FOR JAN	2003 THRU DE	C 2003	PA	AGE 823
MOP024	FEE-FOR-SERVICE							01/29/04
AMADOR COUNTY	SUMMARY OF SERV	ICES FOR MEDICALLY	INDIGENT - CHILDRE	N - TOTAL				
					MON	THLY AVERA	.GE -	
996 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	E	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	135	486 \$	42,774.66	\$ 88.01	.488 \$		\$	42.95
COMM HOSP INPATIENT TOTAL	9	26	29,236.26	1124.47	.026	3248.47	~	29.35
	3	5	4,145.50	829.10	.005	1381.83		4.16
HSC HOSPITALS								
NON-HSC HOSPITALS TOTAL	6	21	25,090.76	1194.80	.021	4181.79		25.19
ACCOMMODATIONS	6	21	8,519.07	405.67	.021	1419.85		8.55

ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	6	21		8,519.07		405.67	.021		1419.85		8.55
	6	0									
ANCILLARIES	0			16,571.69		.00	.000		2761.95		16.64
INPATIENT CROSSOVERS	Ü	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	130	460		13,538.40		29.43	.462		104.14		13.59
MEDICAL	69	99		3,712.29		37.50	.099		53.80		3.73
SURGERY	5	5		220.25		44.05	.005		44.05		.22
PATHOLOGY	47	176		1,841.17		10.46	.177		39.17		1.85
RADIOLOGY	31	48		3,493.91		72.79	.048		112.71		3.51
ROOM USE	62	78		3,172.58		40.67	.078		51.17		3.19
CROSSOVERS/ALL OTH OUTPTNT		54		1,098.20		20.34	.054		39.22		1.10
@STATE HOSPITAL	0		\$.00	\$.00	.000	ċ,	.00	\$.00
	0		Ą		Ą			Ą		Ą	
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	U	0		.00	4.	.00	.000	4.	.00	4.	.00
@NURSING FACILITY	0		\$.00	\$.00	.000	Ş	.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0 :	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	т	.00	4	.00	.000	т	.00	-	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	Ŏ	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0		\$.00	\$.00	.000	Ġ	.00	\$.00
HOSPITAL BASED	0	0 .	Ą	.00	Ą	.00	.000	Ą	.00	Ą	.00
	0	_		.00		.00	.000		.00		
HEMODIALYSIS CENTER	0	0	4		4			4		4	.00
@REHABILITATION FACILITY	U		\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	21		\$	1,156.66	\$	18.07	.064	\$	55.08	\$	1.16
PATHOLOGY	21	64		1,156.66		18.07	.064		55.08		1.16
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	88	133	\$	20,209.71	\$	151.95	.134	\$	229.66	\$	20.29
CLINIC	5	10		115.13		11.51	.010		23.03		.12
SURGICENTER	2	12		462.42		38.54	.012		231.21		.46
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	81	111		19,632.16		176.87	.111		242.37		19.71
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	ES AND EXPENDITURES	S N		PORT	' FOR JAN	2003 THRU	DEC	2003	Р	AGE 824
MOP024	FEE-FOR-SERVICE		-								01/29/04
AMADOR COUNTY		VICES FOR MEDICALLY	ΥI	INDIGENT - CHILDREN	J – Т	'OTAI					01/25/01
	Solution of Selection	1010 1011 11101011111				0 11112	N	ONT.	HLY AVERA	GE	
996 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	Δ1/π	RACE COST	UNITS/DAY	-		_	COST PER
JJO HHICIDHED	OBLIG	OR DAYS OF CARE		LAI LINDI I ORLIG		UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	51		\$	14,243.06	\$	1.56	9.182		279.28		14.30
DURABLE MED. EQUIP.	2	3	Ą	229.60	Ą	76.53	.003			Ą	.23
	_										
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	6	39		628.56		16.12	.039		104.76		.63
AMBULANCES/AIR TRANS	6	39		628.56		16.12	.039		104.76		.63
OTHER TRANS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	2	2		210.00		105.00	.002		105.00		.21
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00

OPTICIAN	7	14	118.96	8.50	.014	16.99	.12
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	1	96.50	96.50	.001	96.50	.10
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	1	1	96.50	96.50	.001	96.50	.10
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	23	970	7,259.87	7.48	.974	315.65	7.29
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	16	8,116	5,699.57	.70	8.149	356.22	5.72
@CALIF. CHILDREN SERVICES*	18	60	\$ 5,129.10	\$ 85.49	.060	\$ 284.95	\$ 5.15

@XOVER EXCLUDING STATE HOSP** 0 0 \$.00 \$.00 \$.00 \$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 825 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

----- MONTHLY AVERAGE -----

AMADOR COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81

					MON'I	HLY AVERAGE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0 \$.00	\$.00	.000 \$.00 \$.00
@PHYSICIANS SERVICES	0	0 \$.00	\$.00	.000 \$.00 \$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00 \$.00
	0	0	.00	.00	.000	.00	
OFFICE VISITS	0	0					.00
HOME VISITS	0	~	.00	.00	.000	.00	.00
EMERGENCY ROOM	•	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	Ô	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	-	•					.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$.00	\$.00	.000 \$.00 \$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00	\$.00	.000 \$.00 \$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
	0	0	.00		.000	.00	.00
DENTURES, STAYPLATES	0	· · · · · · · · · · · · · · · · · · ·		.00			
SPACE MAINTAINERS	•	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

AMADOR COUNTY

01/29/04

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR M	MIA - NO SOC - AID PAID	PENDING AID CODE 81
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OR LIGHTLES DISSES UNITS OF SERVICE EXPENDITURES NUMBERS CONTROL C	AMADOR COUNTY	SUMMARY OF SERVI	CES FOR MIA - NO SOC -	AID PAID PENDING	AID CODE			
OPTIMENTIST OR DAYS OF CARE OF DAYS OF							HLY AVERAGE	
GOSTICHMETIST 0 0 0 5 .00 5 .00 .00 0 0 0 .00 .00 .00	00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES A	VERAGE COST	UNITS/DAYS	COST PER	COST PER
DIAGNOSTIC AND ARC. PROCED 0			OR DAYS OF CARE	P.	ER UNIT/DAY	PER ELIG	USER	ELIGIBLE
DIAGNOSTIC AND ANC. PROCED 0 0 0 0 00 00 00 00 00 00 00 00 00 00	@OPTOMETRIST	0	0 \$.00 \$.00	.000 \$.00 \$.00
EYE APPLIANCES O	DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0	0			.000		
SCHINGPRACTOR		0	0					
VISITS		0						
OTHER SERVICES 0 0 0 0 00 000 000 000 000 000 000 00		0	• 1					
SPODIATRIST 0		0						
MEDICINE/INJECTIONS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0						
SERGERY_ANES. 0 0 0 0 00 00 00 00 00 00 00 00 00 00		0	- 4			•		
RADIO./PATHOLOGY		0	-					
OTHER		0						
##HOME HEALTH AGENCY 0 0 \$.00		U	_					
NURSE AND STRESTHESIST		0						
NURSE MIDMIFE 0 0 \$.00		0						
PEDIATRIC NURSE PRACTITIONER	NURSE ANESTHESIST	0			.00	.000 \$.00 \$.00
FAMILY NURSE PRACTITIONER 0	NURSE MIDWIFE	0		.00 \$.00	.000 \$.00 \$.00
FAMILY NURSE PRACTITIONER 0	PEDIATRIC NURSE PRACTITIONER	0	0 \$.00 \$.00	.000 \$.00 \$.00
### HOSPITAL STATE Color	FAMILY NURSE PRACTITIONER	0		.00 \$.00	.000 \$.00 \$.00
RSC HOSPITALS	@TOTAL HOSPITAL	0	0 \$.00 \$.00	.000 \$.00 \$.00
RSC HOSPITALS	HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL 0 0 0 0 00 00 00 00 00 00 00 00 ACMMONATIONS 0 0 0 0 0 00 00 00 00 00 00 00 ADMINISTRATIVE DAYS 0 0 0 0 0 00 00 00 00 00 00 00 00 ADMINISTRATIVE DAYS 0 0 0 0 0 00 00 00 00 00 00 00 00 ALL OTHER ACCOM 0 0 0 0 0 00 00 00 00 00 00 00 ALL OTHER ACCOM 0 0 0 0 0 00 00 00 00 00 00 00 00 ANCILLARIES 0 0 0 0 0 0 00 00 00 00 00 00 00 ALL OTHER INPATIENT CROSSOVERS 0 0 0 0 0 0 0 0 00 00 00 00 00 00 ALL OTHER INPATIENT TOTAL 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0	0					
ACCOMMODATIONS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0	0					
ADMINISTRATIVE DAYS O TRANSITIONAL IP CARE O O O O O O O O O O O O O O O O O O O		0	0					
TRANSITIONAL IP CARE 0 0 0 0 00 00 00 00 00 00 00 00 AND ALL OTHER ACCOM 0 0 0 0 0 00 00 00 00 00 00 00 00 AND		Ô	0					
ALL OTHER ACCOM ANCILARIES O O O O O O O O O O O O O O O O O O O		0	0					
ANCILLARIES 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0	0					
INPATIENT CROSSOVERS 0		0	0					
ALL OTHER INPATIENT 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0	0					
HOSP OUTPATIENT TOTAL 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0	0					
MEDICAL 0 0 .00 <td></td> <td>0</td> <td>0</td> <td></td> <td></td> <td></td> <td></td> <td></td>		0	0					
SURGERY PATHOLOGY O PATHOLOGY O PATHOLOGY O RADIOLOGY O ROM USE O CROSSOVERS/ALL OTH OUTPTNT O COUNTY HOSPITAL TOTAL O HSC HOSPITALS O O O O O O O O O O O O O O O O O O O		U	0					
PATHOLOGY RADIOLOGY ROOM USE R		0	0					
RADIOLOGY ROM USE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0	0					
ROOM USE	PATHOLOGY	0	0					
CROSSOVERS/ALL OTH OUTPTNT 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	RADIOLOGY	0	0	.00	.00	.000		.00
@COUNTY HOSPITAL TOTAL 0 \$.00 \$.00	ROOM USE	0	0	.00	.00	.000	.00	
CO HOSPITAL INPATIENT TOTAL 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS 0 0 .00 .	@COUNTY HOSPITAL TOTAL	0	0 \$.00 \$.00	.000 \$.00 \$.00
NON-HSC HOSPITALS TOTAL 0 0 .00	CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL 0 0 .00	HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 .0	NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 .0		0	0					
TRANSITIONAL IP CARE 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 .0		0	0					
ALL OTHER ACCOM 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0	0					
ANCILLARIES 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		0	0					
INPATIENT CROSSOVERS 0 0 0 0 0 0 0 0 0		0	0					
ALL OTHER INPATIENT 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 .0		0	0					
CO HOSP OUTPATIENT TOTAL 0 0 .00		0	0					.00
MEDICAL 0 0 .00 .		•	_					
SURGERY 0 0 .00 .		U	_					
PATHOLOGY 0 0 .00 <td< td=""><td></td><td>U</td><td>U</td><td></td><td></td><td></td><td></td><td></td></td<>		U	U					
RADIOLOGY 0 0 .00 .00 .00 .00 .00 .00 .00 .00 ROOM USE 0 0 .00 .00 .00 .00 .00 .00 .00 .00 .0		U	U					
ROOM USE 0 0 .00		•	0					
CROSSOVERS/ALL OTH OUTPINT 0 0 .00 .00 .00 .00 .00 .00		•	0					
		•	· ·					
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 827		•						
	#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITURES MONT	H-OF-PAYMENT REPO	RT FOR JAN 2	2003 THRU DEC	2003	PAGE 827

MOP024 AMADOR COUNTY FEE-FOR-SERVICE/DENTAL 01/29/04

Thin Doll Coolli	BONNINCE OF BEICV	ICED ION	1.1211 10	0 500	7110 17110 1	гылы		MID CODE	N	TVO	HLY AVERA	GE	
00 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITU	RES	AVE	RAGE COST			COST PER		COST PER
			OF CARE					UNIT/DAY	PER ELIC		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0		0	\$.00	\$.00	.000		.00	\$.00
COMM HOSP INPATIENT TOTAL	0		0	•		.00	·	.00	.000		.00		.00
HSC HOSPITALS	0		0			.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0			.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0			.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0			.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0			.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0			.00		.00	.000		.00		.00
ANCILLARIES	0		0			.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0			.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0			.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	0		0			.00		.00	.000		.00		.00
MEDICAL	0		0			.00		.00	.000		.00		.00
SURGERY	0		0			.00		.00	.000		.00		.00
PATHOLOGY	0		0			.00		.00	.000		.00		.00
RADIOLOGY	0		0			.00		.00	.000		.00		.00
ROOM USE	0		0			.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0		0			.00		.00	.000		.00		.00
@STATE HOSPITAL	0		0	\$.00	\$.00	.000	Ś	.00	\$.00
MENTALLY ILL	0		0	т		.00	т	.00	.000	т.	.00	т.	.00
DEVELOP. DISABLED	0		0			.00		.00	.000		.00		.00
@NURSING FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0		0	т		.00	т	.00	.000	т.	.00	т.	.00
LEV B-REHAB MD	0		0			.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0		0			.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0		0			.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0		0			.00		.00	.000		.00		.00
LEV B-REGULAR	0		0			.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0		0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0		0	٣		.00	т	.00	.000	Ψ.	.00	Ψ.	.00
ICF DD	0		0			.00		.00	.000		.00		.00
ICF DDN/DDCN	0		0			.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0		0	т		.00	т	.00	.000	т.	.00	т.	.00
HEMODIALYSIS CENTER	0		0			.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0		Ö	\$.00	\$.00	.000	\$.00	Ġ	.00
HOSPITAL BASED	0		Ö	т		.00	т.	.00	.000	т.	.00	т.	.00
INDEPENDENT FACILITY	0		0			.00		.00	.000		.00		.00
@LABORATORY FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0		Ö	т		.00	т.	.00	.000	т.	.00	т.	.00
XO AND OTHERS	0		0			.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0		Ö	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0		0			.00		.00	.000		.00		.00
SURGICENTER	0		0			.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0		0			.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0		0			.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EX	PENDITUR	ES MON			PORT			DEC		Р	AGE 828
MOP024	FEE-FOR-SERVICE												01/29/04
AMADOR COUNTY	SUMMARY OF SERV		MIA - N	O SOC	- AID PAID I	PENDI	NG	AID CODE	81				
										TNO	HLY AVERA	GE	
00 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITU	RES	AVE	RAGE COST					COST PER
			OF CARE					UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	0	-	0	\$.00	\$.00	.000		.00		.00
DURABLE MED. EQUIP.	0		0	•		.00	•	.00	.000	•	.00	•	.00
BLOOD BANK	0		0			.00		.00	.000		.00		.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00 \$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00 \$.00	.000 \$.00 \$.00
@* TOTALS IN THESE LINES ARE CIVEN	AC A CEDADATE T	NEODMATION ITEM ONLY	<i>7</i> :				

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 829
MOP024 FEE-FOR-SERVICE/DENTAL
AMADOR COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT AID CODE 86

					MO	NTHLY AVERAG	∑
11 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	11	52 \$	1,655.94	\$ 31.85	4.727	\$ 150.54	\$ 150.54
@PHYSICIANS SERVICES	5	14 \$	738.65	\$ 52.76	1.273	\$ 147.73	\$ 67.15
OUTPATIENT VISITS	2	10	579.77	57.98	.909	289.89	52.71
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	2	10	579.77	57.98	.909	289.89	52.71
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	1	1	22.80	22.80	.091	22.80	2.07
PRINCIPAL SURGEON	1	1	22.80	22.80	.091	22.80	2.07
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

DIALYSIS 0 0 0 .00 .00 .00 .00 .00 PATHOLOGY 1 1 3.53 3.53 .091 3.53	.00
RADIOLOGY 1 1 62.95 62.95 .091 62.95	5.72
PSYCHIATRY 0 0 .00 .00 .00 .00	.00
IMMUNIZATION AND INJECTION 0 0 .00 .00 .00 .00	.00
OTHER SERVICES/ALL X-OVERS 1 1 69.60 69.60 .091 69.60	6.33
@PHARMACY 1 1 \$ 33.09 \$ 33.09 .091 \$ 33.09 \$	3.01
PRESCRIPTION DRUGS 1 1 33.09 33.09 .091 33.09	3.01
SNF/ICF 0 0 .00 .00 .00 .00	.00
OUTPATIENTS 1 1 33.09 33.09 .091 33.09	3.01
MEDICAL SUPPLIES 0 0 .00 .00 .00 .00	.00
@DENTIST 0 0 \$.00 \$.00 \$.00 \$.00
VISITS - DIAGNOSTIC 0 0 .00 .00 .00 .00	.00
ORAL SURGERY 0 0 .00 .00 .00 .00	.00
DRUGS 0 0 .00 .00 .00 .00	.00
ANESTHESIA 0 0 .00 .00 .00 .00	.00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES MO	ONTH-OF-PAYMENT REPORT	FOR JAN 20	003 THRU DEC	2003	PAGE 830
MOP024	FEE-FOR-SERVICE/DENTA	L					01/29/04
AMADOR COUNTY	SUMMARY OF SERVICES F	OR MIA - NO SO	C - PREGNANT	AID CODE 8	36		
				-	MONTH	LY AVERAG	E

AMADOR COUNTY	SUMMARY OF SERV		MTA - NC	SOC -	DREGNANT		AID CODE	86				01/25/01
ANADOK COOMII	SOMMARCE OF SERV	ICED FOR	MIA NO	, 500	FREGNANI		AID CODE		דעכ	THLY AVERA	CF	
11 ELIGIBLES	USERS	UNITS OF	SEDVICE		EXPENDITURES	2/17/2	ERAGE COST				GE	COST PER
II BEIGIBEE	OBLIEB		OF CARE		DAI DINDITORDO		R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	0	OR DITTO		\$.00	\$.00	.000		.00	Ġ	.00
DIAGNOSTIC AND ANC. PROCED	0		0	Y	.00	٧	.00	.000	Y	.00	Y	.00
EYE APPLIANCES	0		0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$		\$.00	.000	Ġ	.00	Ġ	.00
VISITS	0		0	Ÿ	.00	Ą	.00	.000	Ą	.00	Ą	.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$		\$.00	.000	Ġ	.00	Ġ	.00
MEDICINE/INJECTIONS	0		0	Y	.00	Ų	.00	.000	Y	.00	Ÿ	.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0		0	Ċ	.00	ċ	.00	.000	بغ	.00	بخ	.00
NURSE ANESTHESIST	0		0	ن ب	.00	ب د	.00	.000		.00		.00
NURSE MIDWIFE	0		0 0 0	<u>ب</u>		\$.00	.000		.00		.00
PEDIATRIC NURSE PRACTITIONER	0		0	ن ب	.00	ب د	.00		\$.00		.00
FAMILY NURSE PRACTITIONER	. 0		0	ن ب	.00	\$.00	.000		.00		.00
@TOTAL HOSPITAL	U E		26	ن ب		۶ \$	24.55	2.364		127.68		58.04
HOSP INPATIENT TOTAL	5		0	Ą	.00	Ą	.00	.000	Ą	.00	Ą	.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	5		26		638.39		24.55	2.364		127.68		58.04
MEDICAL	3 1		20		155.27		77.64	.182		155.27		14.12
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	9		11		108.60		9.87	1.000		54.30		9.87
RADIOLOGY	1		1		80.59		80.59	.091		80.59		7.33
ROOM USE	3		5		226.98		45.40	.455		75.66		20.63
CROSSOVERS/ALL OTH OUTPTNT	3		7		66.95		9.56	.636		33.48		6.09
@COUNTY HOSPITAL TOTAL	0		Ó	\$.00	\$.00	.000	Ġ	.00	Ġ	.00
CO HOSPITAL INPATIENT TOTAL	. 0		0	Y	.00	Ų	.00	.000	Y	.00	Ÿ	.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
THACTHIMITTED	0		U		.00		.00	.000		.00		.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 2	2003 THRU DEC	2003	PAGE 831
MOP024	FEE-FOR-SERVICE/DENTA	L					01/29/04
AMADOR COUNTY	SUMMARY OF SERVICES F	OR MIA - NO	SOC - PREGNANT	AID CODE	86		
					MONTE	ILY AVERAC	E

AMADOR COUNTY	SUMMARY OF SER	VICES FOR	MIA - I	NO SOC -	- PREGNANT	I	AID CODE	86				
								M	r no	THLY AVERA	GE	
11 ELIGIBLES	USERS	UNITS OF	SERVIC	E	EXPENDITURES	AVER <i>I</i>	AGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS	OF CAR	E		PER U	JNIT/DAY	PER ELIG	ļ	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	5		26	\$	638.39	\$	24.55	2.364	\$	127.68	\$	58.04
COMM HOSP INPATIENT TOTAL	0		0	•	.00	•	.00	.000	·	.00	•	.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	5		26		638.39		24.55	2.364		127.68		58.04
MEDICAL	1		2		155.27		77.64	.182		155.27		14.12
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	2		11		108.60		9.87	1.000		54.30		9.87
RADIOLOGY	1		1		80.59		80.59	.091		80.59		7.33
ROOM USE	2		5		226.98		45.40	.455		75.66		20.63
CROSSOVERS/ALL OTH OUTPTNT	ა ე		7		66.95		9.56	.636		33.48		6.09
@STATE HOSPITAL	0		0	\$.00	\$.00	.000	بغ	.00	ė.	.00
	0		0	Ş	.00	Ş	.00	.000	Ą	.00	Ą	
MENTALLY ILL DEVELOP. DISABLED	0		0		.00		.00	.000		.00		.00 .00
@NURSING FACILITY	0		0	\$.00	Ś	.00	.000	Ġ	.00	Ś	.00
	0		0	Ş	.00	Þ	.00	.000	Þ	.00	Þ	.00
LEV A-INTERMEDIATE	0		0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0		0		.00			.000				.00
LEV B-SUBACUTE HSPTL BASED	0		0				.00			.00		
LEV B-TRANSITIONAL IP CARE	0		•		.00		.00	.000		.00		.00
LEV B-REGULAR	0		0 0	4	.00	4	.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0		•	\$.00	\$.00	.000	\$.00	Ş	.00
ICF DDH	0		0		.00		.00	.000		.00		.00
ICF DD	0		0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0		0	4	.00	4	.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0		0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0		0		.00		.00	.000	4.	.00		.00
@REHABILITATION FACILITY	0		0	\$.00	\$.00	.000	\$		\$.00
HOSPITAL BASED	0		0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0		0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	3		10	\$	140.81	\$	14.08	.909	\$	46.94	\$	12.80
PATHOLOGY	3		10		140.81		14.08	.909		46.94		12.80
XO AND OTHERS	0		0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0		0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0		0		.00		.00	.000		.00		.00
SURGICENTER	0		0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0		0		.00		.00	.000		.00		.00

0 0 .000 .00 .00 RURAL HEALTH CLINIC .00 .00 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 832

01/29/04

FEE-FOR-SERVICE/DENTAL

MOP024 AMADOR COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT AID CODE 86

								Mo	ONT:	HLY AVERA	GE	
11 ELIGIBLES	USERS	UNITS OF SERVIC	Έ	EX	PENDITURES	AVE	RAGE COST	UNITS/DAY:	S	COST PER		COST PER
		OR DAYS OF CAR	E			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	1	1	\$		105.00	\$	105.00	.091	\$	105.00	\$	9.55
DURABLE MED. EQUIP.	0	0			.00		.00	.000		.00		.00
BLOOD BANK	0	0			.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0			.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	0	0			.00		.00	.000		.00		.00
AMBULANCES/AIR TRANS	0	0			.00		.00	.000		.00		.00
OTHER TRANS	0	0			.00		.00	.000		.00		.00
OTHER SERVICES	0	0			.00		.00	.000		.00		.00
ACUPUNCTURE	0	0			.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0			.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	1	1			105.00		105.00	.091		105.00		9.55
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0			.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0	0			.00		.00	.000		.00		.00
OPTICIAN	0	0			.00		.00	.000		.00		.00
PHYSICAL THERAPIST	0	0			.00		.00	.000		.00		.00
PORTABLE X-RAY	0	0			.00		.00	.000		.00		.00
PROSTHETIST/ORTHOTISTS	0	0			.00		.00	.000		.00		.00
PROSTHETICS	0	0			.00		.00	.000		.00		.00
ORTHOTICS	0	0			.00		.00	.000		.00		.00
PSYCHOLOGIST	0	0			.00		.00	.000		.00		.00
SPEECH AND AUDIOLOGY	0	0			.00		.00	.000		.00		.00
HOSPICE SERVICES	0	0			.00		.00	.000		.00		.00
NONINST BIRTHING CENTERS	0	0			.00		.00	.000		.00		.00
LOCAL EDUCATION AGENCIES	0	0			.00		.00	.000		.00		.00
EPSDT SUPPLEMENTAL SERVICE	0	0			.00		.00	.000		.00		.00
RESPIRATORY CARE PRACT.	0	0			.00		.00	.000		.00		.00
PED SUBACUTE REHAB/WEANING	0	0			.00		.00	.000		.00		.00
ALL OTHER PROVIDERS	0	0			.00		.00	.000		.00		.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00
@* TOTALS IN THESE LINES ARE GIVEN	AS A SEPARA	TE INFORMATION	ITEM	ONLY;								

^{*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 833 01/29/04 MOP024 FEE-FOR-SERVICE/DENTAL AMADOR COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL

----- MONTHLY AVERAGE -----EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER 11 ELIGIBLES USERS UNITS OF SERVICE OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 1,655.94 \$ 31.85 4.727 \$ 150.54 \$ 150.54 @TOTAL, ALL PROVIDERS 11 52 738.65 \$ @PHYSICIANS SERVICES 5 14 52.76 1.273 \$ 147.73 \$ 67.15 579.77 57.98 .909 289.89 2 10 52.71 OUTPATIENT VISITS 57.98 .909
.00 .000
.00 .000
.00 .000
.00 .000
57.98 .909
.00 .000
.00 .000
.00 .000
.00 .000
.00 .000
.00 .000
.00 .000 .00 .00 OFFICE VISITS 0 0 .00 .00 0 .00 .00 HOME VISITS .00 .00 0 0 EMERGENCY ROOM .00 .00 0 0 .00 PREVENTIVE CARE .00 OB VISITS/COMPRE PERI 10 579.77 289.89 52.71 OTHER OUTPATIENT 0 .00 .00 .00 0 .00 .00 .00 INPATIENT VISITS HOSPITAL VISITS 0 0 .00 .00 .00 0 .00 .00 CRITICAL CARE 0 .00 .00 .00 Ω .00 SNF/ICF/TRANS IP CARE Ω OPHTHALMOLOGICAL SERVICES .00 .00 .000 .00 .00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

EXAMINATIONS	0	0		.0	0	.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.0	0	.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.0	0	.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.0	0	.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.0	0	.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.0	0	.00	.000		.00		.00
OUTPATIENT SURGERY	1	1		22.8		22.80	.091		22.80		2.07
PRINCIPAL SURGEON	1	1		22.8		22.80	.091		22.80		2.07
ASSISTANT SURGEON	0	0		. 0		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.0		.00	.000		.00		.00
DIALYSIS	0	0		.0		.00	.000		.00		.00
PATHOLOGY	1	1		3.5		3.53	.091		3.53		.32
RADIOLOGY	1	1		62.9		62.95	.091		62.95		5.72
PSYCHIATRY	0	0		.0		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.0		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	1	1		69.6	0	69.60	.091		69.60		6.33
@PHARMACY	1	1	\$	33.0	9 \$	33.09	.091	\$	33.09	\$	3.01
PRESCRIPTION DRUGS	1	1	•	33.0	9 .	33.09	.091	•	33.09	•	3.01
SNF/ICF	0	0		.0		.00	.000		.00		.00
OUTPATIENTS	1	1		33.0	9	33.09	.091		33.09		3.01
MEDICAL SUPPLIES	0	0		.0	0	.00	.000		.00		.00
@DENTIST	0	0	\$.0	0 \$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	•	.0	0	.00	.000		.00	•	.00
ORAL SURGERY	0	0		.0	0	.00	.000		.00		.00
DRUGS	0	0		.0	0	.00	.000		.00		.00
ANESTHESIA	0	0		.0	0	.00	.000		.00		.00
PERIODONTICS	0	0		.0	0	.00	.000		.00		.00
ENDODONTICS	0	0		.0	0	.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.0	0	.00	.000		.00		.00
PROSTHETICS	0	0		.0	0	.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.0	0	.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.0	0	.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.0	0	.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.0	0	.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.0	0	.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.0	0	.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITU	RES MO	NTH-OF-PAYMENT	REPOR	T FOR JAN	2003 THRU	DEC	2003	PAG	GE 834
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
AMADOR COUNTY	SUMMARY OF SERVICES FOR	MIA -	NO SOC	- TOTAL							
							M	ONTH	HLY AVERA	GE	
			_				<i></i>				

11 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	7.17	יסאכד כספד	UNITS/DAY	COST PER	.GE	COST PER
II EDIGIBLES	CNERS	OR DAYS OF CARE		EXPENDITORES		UNIT/DAY	PER ELIG	 USER		ELIGIBLE
		OR DAIS OF CARE	_	0.0	PER					
@OPTOMETRIST	0	0	Ş	.00	Ş	.00		\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000	.00		.00
EYE APPLIANCES	0	0		.00		.00	.000	.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000	.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000	.00		.00
OTHER SERVICES	0	0		.00		.00	.000	.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000	.00		.00
SURGERY/ANES.	0	0		.00		.00	.000	.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00		.00
OTHER	0	0		.00		.00	.000	.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	5	26	\$	638.39	\$	24.55	2.364	\$ 127.68	\$	58.04

HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	5	26	638.39	24.55	2.364	127.68	58.04
MEDICAL	1	2	155.27	77.64	.182	155.27	14.12
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	11	108.60	9.87	1.000	54.30	9.87
RADIOLOGY	1	1	80.59	80.59	.091	80.59	7.33
ROOM USE	3	5	226.98	45.40	.455	75.66	20.63

CROSSOVERS/ALL OTH OUTPINT	2	7		66.95		9.56	.636	33.48		6.09
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00	į.	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	į.	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00	į.	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	į.	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	į.	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	į.	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	į.	.00
ANCILLARIES	0	0		.00		.00	.000	.00	į.	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	Į.	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	į.	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00	į.	.00
MEDICAL	0	0		.00		.00	.000	.00	Į.	.00
SURGERY	0	0		.00		.00	.000	.00	Į.	.00
PATHOLOGY	0	0		.00		.00	.000	.00	Į.	.00
RADIOLOGY	0	0		.00		.00	.000	.00	Į.	.00
ROOM USE	0	0		.00		.00	.000	.00	Į.	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00	Į.	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITU	RES MONTH-OF-PA	AYMENT RI	EPORT	FOR JAN	2003 THRU	DEC 2003	P	PAGE 835
MOP024	FEE-FOR-SERVICE/DENTAL									01/29/04
AMADOR COUNTY	SUMMARY OF SERVICES FOR	MIA -	NO SOC - TOTAL							

----- MONTHLY AVERAGE -----11 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER USER OR DAYS OF CARE PER UNIT/DAY PER ELIG ELIGIBLE @COMMUNITY HOSPITAL TOTAL 26 638.39 24.55 2.364 \$ 127.68 \$ 58.04 COMM HOSP INPATIENT TOTAL 0 0 .00 .00 .000 .00 .00 0 .00 .00 .000 .00 HSC HOSPITALS .00 NON-HSC HOSPITALS TOTAL .00 .00 .000 .00 .00 ACCOMMODATIONS .00 .00 .000 .00 .00 ADMINISTRATIVE DAYS .00 .00 .000 .00 .00 TRANSITIONAL IP CARE .00 .00 .000 .00 .00 .00 .00 .000 .00 ALL OTHER ACCOM .00 ANCILLARIES .00 .00 .000 .00 .00 INPATIENT CROSSOVERS .00 .00 .000 .00 .00 ALL OTHER INPATIENT 0 .00 .00 .000 .00 .00 26 638.39 2.364 COMM HOSP OUTPATIENT TOTAL 24.55 127.68 58.04 MEDICAL 155.27 77.64 .182 155.27 14.12 .00 SURGERY 0 .00 .00 .000 .00 11 108.60 9.87 1.000 9.87 PATHOLOGY 54.30 RADIOLOGY 1 80.59 80.59 .091 80.59 7.33 ROOM USE 226.98 45.40 .455 75.66 20.63 7 CROSSOVERS/ALL OTH OUTPTNT 66.95 9.56 .636 33.48 6.09 @STATE HOSPITAL 0 .00 .00 .000 \$.00 .00 .000 MENTALLY ILL .00 .00 .00 .00 0 .00 .00 .000 .00 .00 DEVELOP. DISABLED .00 .00 .00 .00 @NURSING FACILITY .000 LEV A-INTERMEDIATE .00 .00 .000 .00 .00 0 .00 .00 .00 .00 LEV B-REHAB MD .000 0 .00 LEV B-SUBACUTE FREESTANDING .00 .000 .00 .00 LEV B-SUBACUTE HSPTL BASED .00 .00 .000 .00 .00 0 LEV B-TRANSITIONAL IP CARE .00 .00 .00 .000 .00 LEV B-REGULAR 0 .00 .000 .00 .00 .00 @INTERMEDIATE CARE FACIL.-DD .00 .00 .000 \$.00 .00 ICF DDH .00 .00 .000 .00 .00 .00 .00 .00 .00 ICF DD .000 ICF DDN/DDCN 0 .00 .00 .000 .00 .00 0 @HEMODIALYSIS TOTAL .00 .00 .000 .00 \$.00 .00 .00 .000 .00 .00 HOSPITAL BASED HEMODIALYSIS CENTER .00 .00 .000 .00 .00

@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00		.00
@LABORATORY FACILITY	3	10	\$	140.81	\$	14.08	.909	\$ 46.94	\$	12.80
PATHOLOGY	3	10		140.81		14.08	.909	46.94		12.80
XO AND OTHERS	0	0		.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000	.00		.00
SURGICENTER	0	0		.00		.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	AND EXPENDITUR	RES MO	NTH-OF-PAYMENT R	EPORT	' FOR JAN	2003 THRU I	DEC 2003	PΙ	AGE 836
MOP024	FEE-FOR-SERVICE/DEN	ITAL								01/29/04
AMADOR COUNTY	SUMMARY OF SERVICES	FOR MIA - N	O SOC	- TOTAL						
							MO	ONTHLY AVERA	١GE ·	
11 ELIGIBLES	USERS UNI	TS OF SERVICE	3	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	S COST PER	(COST PER
	OF	R DAYS OF CARE	3		PER	UNIT/DAY	PER ELIG	USER	J	ELIGIBLE
ANTI OTHER RECUITORS	1	1	Ġ	105 00	Ċı	105 00	001	¢ 105 00	Ċı	0 55

11 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	1	1 \$	105.00	\$ 105.00	.091 \$	105.00	\$ 9.55
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	1	1	105.00	105.00	.091	105.00	9.55
<pre>IHMC,MODEL-NF,NF,AIDS,MSSP</pre>	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 837
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
AMADOR COUNTY SUMMARY OF SERVICES FOR MIA - SOC - LTC AID CODE 53

							MC	NTHLY	AVER/	4GE	
12 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	COST	PER		COST PER
		OR DAYS OF CAR	E		PER	UNIT/DAY	PER ELIG	US	SER		ELIGIBLE
@TOTAL, ALL PROVIDERS	17	596	\$	50,333.87	\$	84.45	49.667	\$ 296	0.82	\$	4194.49
@PHYSICIANS SERVICES	11	18	\$	586.58	\$	32.59	1.500	\$ 5	3.33	\$	48.88
OUTPATIENT VISITS	5	5		204.08		40.82	.417	4	10.82		17.01
OFFICE VISITS	4	4		96.00		24.00	.333	2	24.00		8.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

HOME VICITE	0	0		.00		.00	.000		.00		.00
HOME VISITS	1	1		108.08		108.08	.083		108.08		9.01
EMERGENCY ROOM	0	0									
PREVENTIVE CARE	U			.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	U	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	U	0		.00		.00	.000		.00		.00
INPATIENT VISITS	9	13		382.50		29.42	1.083		42.50		31.88
HOSPITAL VISITS	0	0		.00		.00	.000		.00		.00
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	9	13		382.50		29.42	1.083		42.50		31.88
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000		.00		.00
@PHARMACY	14	75	\$	10,499.56	\$	139.99	6.250	\$	749.97	Ċ	874.96
PRESCRIPTION DRUGS	14	75 75	Y	10,499.56	Ų	139.99	6.250	Ÿ	749.97	Ÿ	874.96
SNF/ICF	14	75 75		10,499.96		140.00	6.250		750.00		875.00
OUTPATIENTS	0	0		.40CR		.00	.000		.00		.03CR
	0	0		.00	•	.00	.000		.00		.00
MEDICAL SUPPLIES	0	2	ċ.	50.00	\$			ċ,	25.00	ė.	
@DENTIST	2	2	\$		Ą	25.00	.167	\$		Ą	4.17
VISITS - DIAGNOSTIC	2	0		50.00		25.00	.167		25.00		4.17
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	U	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITURE	ES M	ONTH-OF-PAYMENT RE	PORT	FOR JAN 2	003 THRU I	DEC	2003	PA	GE 838
MOP024	FEE-FOR-SERVICE/	DENTAL									01/29/04
AMADOR COUNTY	SUMMARY OF SERVI	CES FOR MIA - SO	OC -	LTC		AID CODE	53				
							MC	TINC	ILY AVERA	GE -	
12 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		RAGE COST			COST PER	C	OST PER
		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG		USER	E	LIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00	-	.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	•	.00	•	.00	.000	•	.00	•	.00
OTHER SERVICES	0	Ö		.00		.00	.000		.00		.00
@PODIATRIST	0	Ö	\$.00	\$.00	.000	\$.00	\$.00
-	-	-	•					•			

MEDICINE/INJECTIONS	0	0		.00		.00	.000	.00		.00
SURGERY/ANES.	0	0		.00		.00	.000	.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00		.00
	0	0		.00		.00		.00		
OTHER	0	0	4		4	.00	.000		4	.00
@HOME HEALTH AGENCY	0		Ş	.00	\$.000 \$.00	\$	
NURSE ANESTHESIST	0	0	Ş	.00	\$.00	.000 \$.00	\$.00
NURSE MIDWIFE	0	0	Ş	.00	\$.00	.000 \$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	. 0	0	Ş	.00	\$.00	.000 \$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	Ş	.00	\$.00	.000 \$.00		.00
@TOTAL HOSPITAL	2	19	\$	326.05	\$	17.16	1.583 \$	163.03	\$	27.17
HOSP INPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	2	19		326.05		17.16	1.583	163.03		27.17
MEDICAL	1	1		61.47		61.47	.083	61.47		5.12
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	2	15		175.99		11.73	1.250	88.00		14.67
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	2	2		79.59		39.80	.167	39.80		6.63
CROSSOVERS/ALL OTH OUTPTNT	1	1		9.00		9.00	.083	9.00		.75
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000 \$		¢	.00
CO HOSPITAL INPATIENT TOTAL	0	0	Ų	.00	Ÿ	.00	.000 \$.00	Y	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00		.00		
TRANSITIONAL IP CARE	0	0					.000			.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	U		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT		0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITU	RES M	ONTH-OF-PAYMENT R	REPORT	FOR JAN 2	2003 THRU DE	C 2003	P	AGE 839
MOP024	FEE-FOR-SERVICE/	DENTAL								01/29/04
AMADOR COUNTY	SUMMARY OF SERVI	CES FOR MIA - :	SOC -	LTC		AID CODE	53			
							MON	THLY AVERA	AGE	
12 ELIGIBLES	USERS	UNITS OF SERVICE	Ξ	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CAR	Ξ			UNIT/DAY		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2	19	\$	326.05	\$	17.16	1.583 \$	163.03	\$	27.17
COMM HOSP INPATIENT TOTAL	0	0	-	.00	•	.00	.000	.00		.00
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
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NON-HSC HOSPITALS TOTAL

ADMINISTRATIVE DAYS

TRANSITIONAL IP CARE

ACCOMMODATIONS

ANCILLARIES

ALL OTHER ACCOM

0

0

0

0

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	2	19	326.05	17.16	1.583	163.03	27.17
MEDICAL	1	1	61.47	61.47	.083	61.47	5.12
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	15	175.99	11.73	1.250	88.00	14.67
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	2	2	79.59	39.80	.167	39.80	6.63
CROSSOVERS/ALL OTH OUTPINT	1	1	9.00	9.00	.083	9.00	.75
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	15	462	\$ 38,400.18	\$ 83.12	38.500	\$ 2560.01	\$ 3200.02
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00

LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	15	462		38,400.18		83.12	38.500		2560.01		3200.02
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$		\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
	MEDI-CAL SERVICES AND E	EXPENDITUR	ES MONTH-	OF-PAYMENT RE	PORT	FOR JAN 200)3 THRU	DEC	2003	P.	AGE 840
	FEE-FOR-SERVICE/DENTAL										01/29/04
AMADOR COUNTY	SUMMARY OF SERVICES FOR	MIA - S	OC - LTC			AID CODE 53					
							3.4	ONTED:	TTT 37 A T 7 T T T T		

----- MONTHLY AVERAGE -----12 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 471.50 @ALL OTHER PROVIDERS 20 23.58 1.667 \$ 117.88 \$ 39.29 DURABLE MED. EQUIP. .00 .00 .000 .00 .00 BLOOD BANK .00 .00 .000 .00 0 0 .00 .00 HEARING AID DISPENSERS 0 .00 .000 .00 .00 MEDICAL TRANSPORTATION 20 471.50 23.58 1.667 117.88 39.29 471.50 23.58 117.88 39.29 AMBULANCES/AIR TRANS 1.667 .00 .000 OTHER TRANS .00 .00 .00 OTHER SERVICES .00 .00 .000 .00 .00 ACUPUNCTURE .00 .00 .000 .00 .00 .000 ADULT DAY HEALTH CARE CTR .00 .00 .00 .00 GENETIC DISEASE TESTING .00 .00 .000 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .00 .000 .00 .00 .00 OCCUPATIONAL THERAPIST .00 .000 .00 .00 OPTICIAN .00 .00 .000 .00 .00 PHYSICAL THERAPIST .00 .00 .000 .00 .00 PORTABLE X-RAY .00 .00 .000 .00 .00 .00 .00 PROSTHETIST/ORTHOTISTS .00 .000 .00 PROSTHETICS .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 ORTHOTICS .00 .00 PSYCHOLOGIST .000 .00 SPEECH AND AUDIOLOGY .00 .00 .000 .00 .00 HOSPICE SERVICES .00 .00 .000 .00 .00 .00 NONINST BIRTHING CENTERS .00 .00 .000 .00 LOCAL EDUCATION AGENCIES .00 .000 .00 .00 .00 EPSDT SUPPLEMENTAL SERVICE .00 .00 .000 .00 .00 RESPIRATORY CARE PRACT. .00 .00 .000 .00 .00 PED SUBACUTE REHAB/WEANING .00 .00 .000 .00 .00 .00 .000 ALL OTHER PROVIDERS .00 .00 .00 .000 \$ @CALIF. CHILDREN SERVICES* .00 \$.00 .00 \$.00 @XOVER EXCLUDING STATE HOSP** .00 .000 \$.00 .00 \$.00 \$

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

AMADOR COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 FEE-FOR-SERVICE/DENTAL

PAGE 841

#CALIF DEPT OF HEALTH SERV		AND EXPENDITURES MC	N.I.H-OE-PAAMENI. KF	PORT FOR JAN 2	2003 THRU DEC	2003	PAGE 841
MOPO24	FEE-FOR-SERVICE/DE			ATD CODE	0.77		01/29/04
AMADOR COUNTY	SUMMARY OF SERVICE	CS FOR MIA - SOC -	PREGNANT	AID CODE		III	10
01 FLIGIDIES	HOEDO ID	ITMG OF GEDVICE	EADEMDIMIDEC	ATTERNACE COCH	MONT		
01 ELIGIBLES		IITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
OMOMAL ALL DROLLDERG		OR DAYS OF CARE	244 72	PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	2	9 \$	244.72	\$ 27.19	9.000 \$		\$ 244.72
@PHYSICIANS SERVICES	1	1 \$	110.00	\$ 110.00	1.000 \$		\$ 110.00
OUTPATIENT VISITS	1	1	110.00	110.00	1.000	110.00	110.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	1	1	110.00	110.00	1.000	110.00	110.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	1	1 \$	4.42	\$ 4.42	1.000 \$	4.42	\$ 4.42
PRESCRIPTION DRUGS	1	1	4.42	4.42	1.000	4.42	4.42
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	1	1	4.42	4.42	1.000	4.42	4.42
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	•	AND EXPENDITURES MC					PAGE 842
MOP024	FEE-FOR-SERVICE/DE		TILL OF THE PROPERTY IN	0.1(1 1 0.1(0.111(2	LUUU DEC	1000	01/29/04
AMADOD COTATION		IG FOR MEA GOG	DDEGNAME	ATD GODE	0.7		01/20/04

AID CODE 87

----- MONTHLY AVERAGE -----

SUMMARY OF SERVICES FOR MIA - SOC - PREGNANT

01 ELIGIBLES		S OF SERVICE		VERAGE COST UNI		COST PER	COST	
@ODTOMETD I CT	0	DAYS OF CARE			R ELIG .000 \$	USER	ELIG:	
@OPTOMETRIST		0 \$.00 \$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00		.00
EYE APPLIANCES	0	0	.00	.00	.000	.00		.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00		.00
@CHIROPRACTOR	0	0 \$.00 \$.000 \$.00	\$.00
VISITS	0	0	.00	.00	.000	.00		.00
OTHER SERVICES	0	0	.00	.00	.000	.00		.00
@PODIATRIST	0	0 \$.00 \$.000 \$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00		.00
SURGERY/ANES.	0	0	.00	.00	.000	.00		.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00		.00
OTHER	0	0	.00	.00	.000	.00		.00
@HOME HEALTH AGENCY	0	0 \$.00 \$.000 \$.00	\$.00
NURSE ANESTHESIST	0	0 \$.00 \$.000 \$.00	\$.00
NURSE MIDWIFE	0	0 \$.00 \$.00	.000 \$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00 \$.00	.000 \$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00 \$.00	.000 \$.00	\$.00
@TOTAL HOSPITAL	0	0 \$.00 \$.00	.000 \$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00		.00
HSC HOSPITALS	0	0	.00	.00	.000	.00		.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00		.00
ANCILLARIES	0	0	.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00		.00
MEDICAL	0	0	.00	.00	.000	.00		.00
SURGERY	0	0	.00	.00	.000	.00		.00
PATHOLOGY	0	0	.00	.00	.000	.00		.00
RADIOLOGY	0	0	.00	.00	.000	.00		.00
ROOM USE	0	0	.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00		.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00 \$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00		.00
HSC HOSPITALS	0	0	.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00		.00
ANCILLARIES	0	0	.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00		.00
MEDICAL	0	0	.00	.00	.000	.00		.00
SURGERY	0	0	.00	.00	.000	.00		.00
PATHOLOGY	0	0	.00	.00	.000	.00		.00
RADIOLOGY	0	0	.00	.00	.000	.00		.00
ROOM USE	0	0	.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES ANI	EXPENDITURES MON	TH-OF-PAYMENT REPO	RT FOR JAN 2003			PAGE	843
MOP024	FEE-FOR-SERVICE/DENTA						01,	/29/04
AMADOR COUNTY	SUMMARY OF SERVICES I	FOR MIA - SOC - P	REGNANT	AID CODE 87				
					MONTHI	TT 37 A 37 FFD A 6	717	

		OR DAYS OF CARE			PER	UNIT/DAY	PER ELTO	7	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000		.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	•	.00	•	.00	.000		.00	•	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	٧	.00	٧	.00	.000	٧	.00	Y	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	Y	.00	Y	.00	.000	Ÿ	.00	Ų	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-SOBACOTE HISTII BASED	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	Ą	.00	Ą	.00	.000	Ą	.00	Ą	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	ب	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	\$.00	Ą	.00	.000	Ą	.00	Ą	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
	0	0	۲.	.00	۲.		.000	بع	.00	Ċ.	
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0				.00	.000				.00 .00
INDEPENDENT FACILITY	0	7	۲۰	.00 130.30	\$.00 18.61	7.000	بع	.00 65.15	ė,	130.30
@LABORATORY FACILITY	2	7	\$	130.30	Ą	18.61	7.000	\$	65.15	\$	130.30
PATHOLOGY XO AND OTHERS	0	0		.00		.00	.000		.00		.00
	0	0	\$		۲.			بع	.00	Ċ.	
@ORGANIZED OUTPATIENT CLINIC CLINIC	0	0	Ą	.00	\$.00	.000	\$		\$.00 .00
	0	0		.00		.00			.00		
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	•	•	70 1	.00 MONTH-OF-PAYMENT RI	דים חמי		000.	חבכ		г	.00 PAGE 844
#CALIF DEPT OF HEALTH SERV MOP024	FEE-FOR-SERVICE		ו כיב	MONTH-OF-PAIMENT RE	PORI	FOR UAN A	2003 IHKU	DEC	2003	r	01/29/04
			20	DDECNAME		AID CODE	0.7				01/29/04
AMADOR COUNTY	SUMMARY OF SERV	ICES FOR MIA - SO		- PREGNANT		AID CODE		ויייזא ר	UIV AMEDA	C E	
01 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	7/17	RAGE COST			HLY AVERA		COST PER
OI FUIGIBLES	CALCU	OR DAYS OF CARE		EXPENDITORES		UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	0	OR DATS OF CARE	\$.00	\$.00	.000		.00	Ġ	.00
	0	0	Ą	.00	Ą	.00	.000	Ą	.00	Ą	.00
DURABLE MED. EQUIP. BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	0	0		.00		.00	.000		.00		.00
AMBULANCES/AIR TRANS	0	0		.00		.00	.000		.00		.00
OTHER TRANS	0	0		.00		.00	.000		.00		.00
OIREK IKANS	U	U		.00		.00	.000		.00		.00

OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00 \$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 845 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

AMADOR COUNTY SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

AMADOR COUNTY	SUMMARY OF SER	VICES FOR MIA - S	SOC -	TOTAL					
						MON		_	
13 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST		COST PER		COST PER
		OR DAYS OF CARE			PER UNIT/DAY		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	19	605	\$	50,578.59	\$ 83.60	46.538 \$		\$	3890.66
@PHYSICIANS SERVICES	12	19	\$	696.58	\$ 36.66	1.462 \$	58.05	\$	53.58
OUTPATIENT VISITS	6	6		314.08	52.35	.462	52.35		24.16
OFFICE VISITS	4	4		96.00	24.00	.308	24.00		7.38
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	1	1		108.08	108.08	.077	108.08		8.31
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	1	1		110.00	110.00	.077	110.00		8.46
OTHER OUTPATIENT	0	0		.00	.00	.000	.00		.00
INPATIENT VISITS	9	13		382.50	29.42	1.000	42.50		29.42
HOSPITAL VISITS	0	0		.00	.00	.000	.00		.00
CRITICAL CARE	0	0		.00	.00	.000	.00		.00
	0	13		382.50	29.42	1.000	42.50		29.42
SNF/ICF/TRANS IP CARE	9	0			.00	.000			
OPHTHALMOLOGICAL SERVICES	0			.00			.00		.00
EXAMINATIONS	0	0		.00	.00	.000	.00		.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00		.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00		.00
DIALYSIS	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00		.00
@PHARMACY	15	76	\$	10,503.98	\$ 138.21	5.846 \$		Ċ	808.00
PRESCRIPTION DRUGS	15	76	٧	10,503.98	138.21	5.846	700.27	Y	808.00
SNF/ICF	14	75 75		10,499.96	140.00	5.769	750.00		807.69
OUTPATIENTS	1	1		4.02	4.02	.077	4.02		.31
	0	0				.000			
MEDICAL SUPPLIES	0	0	4	.00	.00		.00	4	.00
@DENTIST	2	2	\$	50.00	\$ 25.00	.154 \$		Ş	3.85
VISITS - DIAGNOSTIC	2	2		50.00	25.00	.154	25.00		3.85
ORAL SURGERY	0	0		.00	.00	.000	.00		.00
DRUGS	0	0		.00	.00	.000	.00		.00
ANESTHESIA	0	0		.00	.00	.000	.00		.00
PERIODONTICS	0	0		.00	.00	.000	.00		.00
ENDODONTICS	0	0		.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00		.00
PROSTHETICS	0	0		.00	.00	.000	.00		.00

DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2003 THRU DEC	2003	PAGE 846
MOP024	FEE-FOR-SERVICE/DENTA	L					01/29/04
AMADOR COUNTY	SUMMARY OF SERVICES F	OR MIA - SOC	- TOTAL				

----- MONTHLY AVERAGE -----13 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG ELIGIBLE @OPTOMETRIST 0 .00 .00 .000 \$.00 \$.00 DIAGNOSTIC AND ANC. PROCED 0 0 .00 .00 .000 .00 .00 .00 .00 .000 .00 EYE APPLIANCES .00 OTHER OPTOMETRIC SERVICES .00 .00 .000 .00 .00 @CHIROPRACTOR .00 .000 \$.00 \$.00 .00 .000 .00 .00 .00 . 00 VISITS OTHER SERVICES .00 .00 .000 .00 .00 @PODIATRIST .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 MEDICINE/INJECTIONS .00 .00 .000 .00 .00 SURGERY/ANES. 0 RADIO./PATHOLOGY .00 .00 .000 .00 .00 OTHER 0 .00 .00 .000 .00 .00 @HOME HEALTH AGENCY .00 .00 .000 .00 .00 NURSE ANESTHESIST .00 .00 .000 .00 \$.00 NURSE MIDWIFE .00 .00 .000 .00 .00 .00 .00 .000 .00 PEDIATRIC NURSE PRACTITIONER .00 FAMILY NURSE PRACTITIONER 0 .00 .00 .000 .00 \$.00 19 @TOTAL HOSPITAL 326.05 17.16 163.03 25.08 1.462 HOSP INPATIENT TOTAL 0 .00 .00 .000 .00 .00 HSC HOSPITALS 0 .00 .00 .000 .00 .00 .00 .00 .000 .00 NON-HSC HOSPITAL TOTAL .00 .00 .00 .000 .00 ACCOMMODATIONS .00 ADMINISTRATIVE DAYS .00 .00 .000 .00 .00 TRANSITIONAL IP CARE .00 .00 .000 .00 .00 ALL OTHER ACCOM .00 .00 .000 .00 .00 .00 ANCILLARIES .00 .000 .00 INPATIENT CROSSOVERS .00 .00 .000 .00 .00 .00 0 .00 .000 ALL OTHER INPATIENT .00 .00 HOSP OUTPATIENT TOTAL 19 326.05 17.16 1.462 163.03 25.08 .077 MEDICAL 1 61.47 61.47 61.47 4.73 .000 SURGERY .00 .00 .00 .00 15 175.99 11.73 1.154 88.00 13.54 PATHOLOGY RADIOLOGY .00 .00 .000 .00 .00 79.59 39.80 .154 39.80 ROOM USE 6.12 9.00 9.00 .077 9.00 .69 CROSSOVERS/ALL OTH OUTPTNT @COUNTY HOSPITAL TOTAL .00 .00 .000 .00 .00 CO HOSPITAL INPATIENT TOTAL .00 .00 .000 .00 .00 HSC HOSPITALS .00 .00 .000 .00 .00 NON-HSC HOSPITALS TOTAL .00 .00 .000 .00 .00 .00 .000 .00 ACCOMMODATIONS .00 .00 ADMINISTRATIVE DAYS .00 .00 .000 .00 .00 TRANSITIONAL IP CARE .00 .00 .000 .00 .00 ALL OTHER ACCOM .00 .00 .000 .00 .00 .00 .00 .000 ANCILLARIES .00 INPATIENT CROSSOVERS .00 .00 .000 .00 .00 .00 .00 ALL OTHER INPATIENT .00 .000 .00 .00 .00 .000 . 00 CO HOSP OUTPATIENT TOTAL .00 MEDICAL .00 .00 .000 .00 .00

SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTN	Γ 0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2003 THRU DEC	2003	PAGE 847
MOP024	FEE-FOR-SERVICE/DENTA	L					01/29/04
AMADOD COTTAINS	CITABLE DI CE CEDITECEC E	DOD ATTA GOO	moma r				

AMADOR COUNTY SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

13 ELIGIBLES	AMADOR COUNTY	SUMMARY OF SERVICE	ES FOR MIA - SOC	- TOTAL							
COMMINITY HOSPITAL TOTAL							M	ONT	HLY AVERA	GE	
COMMINITY HOSPITAL TOTAL	13 ELIGIBLES	USERS U	NITS OF SERVICE	EXPENDITURES	AVEI	RAGE COST	UNITS/DAY	S	COST PER		COST PER
COMMINITY HOSPITAL TOTAL											
COMM HOSP INPATIENT TOTAL	@COMMUNITY HOSPITAL TOTAL			326.05							
HSC HOSPITALS					Υ			τ.		Ψ.	
NON-HSC MOSPITALS TOTAL 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0									
ADMINISTRATIVE DAYS 0 0 0 0 0 00 000 000 000 000 000 000		-									
ADMINISTRATIVE DAYS TRANSITIONAL IP CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0	0								
TRANSITIONAL IP CARE ALC OTHER ACCOM ALC OTHER ACCOM O ANCILLARIES O O O O O O O ANCILLARIES O O O O O O O ANCILLARIES O O O O O O O O O O O O O		0	Ô								
ALL OTHER ACCM 0 0 0 0.00 .00 .00 .00 .00 .00 .00 .00		0	Ô								
ANCILLARIES 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		0	0								
INPATIENT CROSSOVERS		0	0								
ALL OTHER INPATIENT		0									
MEDICAL		0									
MEDICAL 1		2									
SURCERY 0		1									
PATHOLOGY		1									
RADIOLOGY ROOM USE 2 2 2 79.59 39.80 .154 39.80 .105 39.80 .107 39.80 .100 .000 .000 .000 .000 .000 .000 .		0									
ROOM USE		2									
CROSSOVERS/ALL OTH OUTPINT		0									
## HOSPITAL 0 0 5 .00		2									
MENTALLY 0		Ţ						_		_	
DEVELOP. DISABLED O O O O O O O O O O O O O O O O O O		0			Ş			Ş		Ş	
SAME		0	_								
LEV A-INTERMEDIATE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0									
LEV B-REHAB MD			T	•	\$			\$		\$	
LEV B-SUBACUTE FREESTANDING 0 0 0.00 .00 .00 .00 .00 .00 LOU LEV B-SUBACUTE HSPTL BASED 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		0									
LEV B-SUBACUTE HSPTL BASED 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		0									
LEV B-TRANSITIONAL IP CARE 15		0									
LEV B-REGULAR 15 462 38,400.18 83.12 35.538 2560.01 2953.86 @INTERMEDIATE CARE FACILDD 0 0 0 0.00 0.00 0.00 0.00 0.00 0.00	LEV B-SUBACUTE HSPTL BASED	0	-								
@INTERMEDIATE CARE FACILDD	LEV B-TRANSITIONAL IP CARE	_	_			.00	.000		.00		.00
ICF DDH				38,400.18		83.12	35.538				2953.86
ICF DD	@INTERMEDIATE CARE FACILDD	0		.00	\$.00	.000	\$.00	\$.00
ICF DDN/DDCN	ICF DDH	0	0	.00			.000				.00
@HEMODIALYSIS TOTAL 0 0 \$.00	ICF DD	0	0	.00		.00	.000		.00		.00
HOSPITAL BASED 0 0 .00	ICF DDN/DDCN	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER 0 0 .00 .00 .00 .00 .00 @REHABILITATION FACILITY 0 0 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00	@HEMODIALYSIS TOTAL	0	0 \$.00	\$.00	.000	\$.00	\$.00
@REHABILITATION FACILITY 0 0 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00<	HOSPITAL BASED	0	0	.00		.00	.000		.00		.00
HOSPITAL BASED 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	HEMODIALYSIS CENTER	0	0	.00		.00	.000		.00		.00
INDEPENDENT FACILITY 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 .0	@REHABILITATION FACILITY	0	0 \$.00	\$.00	.000	\$.00	\$.00
@LABORATORY FACILITY 2 7 \$ 130.30 \$ 18.61 .538 \$ 65.15 \$ 10.02 PATHOLOGY 2 7 130.30 18.61 .538 65.15 10.02 XO AND OTHERS 0 0 .00 .00 .00 .00 .00 .00 .00 @ORGANIZED OUTPATIENT CLINIC 0 0 \$.00 \$.00 .00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 </td <td>HOSPITAL BASED</td> <td>0</td> <td>0</td> <td>.00</td> <td>•</td> <td>.00</td> <td>.000</td> <td></td> <td>.00</td> <td>-</td> <td>.00</td>	HOSPITAL BASED	0	0	.00	•	.00	.000		.00	-	.00
@LABORATORY FACILITY 2 7 \$ 130.30 \$ 18.61 .538 \$ 65.15 \$ 10.02 PATHOLOGY 2 7 130.30 18.61 .538 65.15 10.02 XO AND OTHERS 0 0 .00 .00 .00 .00 .00 .00 .00 @ORGANIZED OUTPATIENT CLINIC 0 0 \$.00 \$.00 .00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 </td <td>INDEPENDENT FACILITY</td> <td>0</td> <td>0</td> <td>.00</td> <td></td> <td>.00</td> <td>.000</td> <td></td> <td>.00</td> <td></td> <td>.00</td>	INDEPENDENT FACILITY	0	0	.00		.00	.000		.00		.00
PATHOLOGY 2 7 130.30 18.61 .538 65.15 10.02 XO AND OTHERS 0 0 .00 .00 .00 .00 .00 .00 @ORGANIZED OUTPATIENT CLINIC 0 0 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00	@LABORATORY FACILITY	2	7 \$	130.30	Ġ	18.61	.538	Ś		Ġ	10.02
XO AND OTHERS 0 0 .00		2	7		-T			т		т.	
@ORGANIZED OUTPATIENT CLINIC 0 0 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 .0		0	0								
CLINIC 0 0 .0		0			Ś			Ś		Ś	
SURGICENTER 0 0 .00 <		0	- 1		Υ			~		٧	
HEROIN DETOX CLINIC 0 0 .00		Ô	•								
RURAL HEALTH CLINIC 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		0	_								
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 848		0									
		MEDI-CAI. SERVICES	_		EDUDI			חדכ		г	
	MOP024			OI FAIRBUI N	01(1	I OIL UAN	2000 11110	ب ندر	2005	-	01/29/04

13 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITUR	ES AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE	_	PER UNIT/DAY		USER	ELIGIBLE
@ALL OTHER PROVIDERS	4	20 \$	471.	50 \$ 23.58	1.538 \$	117.88	\$ 36.27
DURABLE MED. EQUIP.	0	0		.00	.000	.00	.00
BLOOD BANK	0	0		.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.000	.00	.00
MEDICAL TRANSPORTATION	4	20	471.	23.58	1.538	117.88	36.27
AMBULANCES/AIR TRANS	4	20	471.	50 23.58	1.538	117.88	36.27
OTHER TRANS	0	0		.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.000	.00	.00
<pre>IHMC,MODEL-NF,NF,AIDS,MSSP</pre>	0	0		.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.000	.00	.00
OPTICIAN	0	0		.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.000	.00	.00
PROSTHETICS	0	0		.00	.000	.00	.00
ORTHOTICS	0	0		.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	•	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	•	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	•	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	•	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$		00 \$.00	.000 \$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$		00 \$.00	.000 \$.00	\$.00

----- MONTHLY AVERAGE -----

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 849
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
AMADOR COUNTY SUMMARY OF SERVICES FOR FOR FUTURE USE

INDOIC COONII	DOMINIME OF DELL	VICTO TOK TOK TOTA	THE COL					
						MON	NTHLY AVERA	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000 \$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000 \$.00	\$.00
OUTPATIENT VISITS	0	0		.00	.00	.000	.00	.00
OFFICE VISITS	0	0		.00	.00	.000	.00	.00
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
	0	0					
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$.00 \$.00	.000 \$.00 \$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00

MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT RI	EPORT FOR JAN	2003 THRU D	EC 2003	PAGE 850
MOP024	FEE-FOR-SERVICE/DE	NTAL					01/29/04
AMADOR COUNTY	SUMMARY OF SERVICE	S FOR FOR FUTURE	E USE				
					MOI	NTHLY AVERAG	E

						MO	TNC	HLY AVERAG	GΕ	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	ERAGE COST	UNITS/DAYS	3	COST PER		COST PER
		OR DAYS OF CARE		PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00		.00
EYE APPLIANCES	0	0	.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	0	0	.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.000		.00		.00
ANCILLARIES	0	0	.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0	.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
MEDICAL	0	0	.00		.00	.000		.00		.00
SURGERY	0	0	.00		.00	.000		.00		.00
PATHOLOGY	0	0	.00		.00	.000		.00		.00
RADIOLOGY	0	0	.00		.00	.000		.00		.00
ROOM USE	0	0	.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES MOI	NTH-OF-PAYMENT RE	PORT FOR JAN	2003 THRU DE	C 2003	PAGE 851
MOP024	FEE-FOR-SERVICE/DE	NTAL					01/29/04
AMADOR COUNTY	SUMMARY OF SERVICE	S FOR FOR FUTURE U	SE				
					MON	THLY AVERAG	E
00 ELIGIBLES	USERS UN	ITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	0	R DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE

00 51 5355 53					MON 1		
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
COMMUNITARY WORD THAT HOME	0	OR DAYS OF CARE	0.0	PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00 \$	
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$.00 \$	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$.00	\$.00	.000 \$.00 \$	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0 \$.00	\$.00		.00	
	0	0 \$ 0			.000 \$		
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	Ü	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	U	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0 \$.00	\$.00	.000 \$.00 \$	
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0 \$.00	\$.00	.000 \$.00 \$	
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0 \$.00	\$.00	.000 \$.00 \$.00

PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITURE	S MONTH-OF	F-PAYMENT R	EPORT	FOR JAN	2003 THRU	DEC	2003	PAGE	852
MOP024	FEE-FOR-SERVICE/DEN	TAL								0	1/29/04
AMADOR COUNTY	SUMMARY OF SERVICES	FOR FOR FUTU	JRE USE								
							I	HTMON	ILY AVERA	GE	

00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS (COST PER	COST PER
	0.0 = 0.0	OR DAYS OF CARE		PER UNIT/DAY	PER ELIG		ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$.00 \$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 853 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

AMADOR COUNTY SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - ADULTS - TOTAL

						MOI	NTHLY AVERA	GE
24 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	30	657	\$	52,234.53	\$ 79.50	27.375	\$ 1741.15	\$ 2176.44
@PHYSICIANS SERVICES	17	33	\$	1,435.23	\$ 43.49	1.375	\$ 84.43	\$ 59.80
OUTPATIENT VISITS	8	16		893.85	55.87	.667	111.73	37.24
OFFICE VISITS	4	4		96.00	24.00	.167	24.00	4.00
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1		108.08	108.08	.042	108.08	4.50
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	3	11		689.77	62.71	.458	229.92	28.74

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	9	13	382.50	29.42	.542	42.50	15.94
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	9	13	382.50	29.42	.542	42.50	15.94
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
	0	0					
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	Ü	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	1	1	22.80	22.80	.042	22.80	.95
PRINCIPAL SURGEON	1	1	22.80	22.80	.042	22.80	.95
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	3.53	3.53	.042	3.53	.15
RADIOLOGY	1	1	62.95	62.95	.042	62.95	2.62
	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0					
IMMUNIZATION AND INJECTION	-	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1	_1	69.60	69.60	.042	69.60	2.90
@PHARMACY	16	77		\$ 136.85	3.208		
PRESCRIPTION DRUGS	16	77	10,537.07	136.85	3.208	658.57	439.04
SNF/ICF	14	75	10,499.96	140.00	3.125	750.00	437.50
OUTPATIENTS	2	2	37.11	18.56	.083	18.56	1.55
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	2	2 \$	50.00	\$ 25.00	.083	\$ 25.00	\$ 2.08
VISITS - DIAGNOSTIC	2	2	50.00	25.00	.083	25.00	2.08
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
	0	0					
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	U	U	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	S MONTH-OF-PAYMENT R	EPORT FOR JAN	2003 THRU D	EC 2003	PAGE 854
MOP024	FEE-FOR-SERVICE/DE						01/29/04
AMADOR COUNTY			/ INDIGENT - ADULTS	- TOTAL			,,
111111111111111111111111111111111111111			11.51021.1	101111	MO	NTHLY AVERA	GE
24 ELIGIBLES	USERS UN	ITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
21 111010110		R DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST	0	O S	.00	\$.00	.000		
	0	0		•		•	•
DIAGNOSTIC AND ANC. PROCED			.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$		\$.00		\$.00	\$.00
VISITS		Λ	.00	.00	.000	.00	.00
OMITED GEDITCEG	0	0					
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	· ·	0 0		.00 \$.00		.00 \$.00	.00 \$.00
	0	0 0 0					
@PODIATRIST	0 0	0 0 0 0	.00	\$.00	.000	\$.00	\$.00
@PODIATRIST MEDICINE/INJECTIONS	0 0 0	0	.00	\$.00 .00	.000	\$.00	\$.00 .00
@PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES.	0 0 0 0	0 0	.00 .00 .00	\$.00 .00 .00	.000 .000 .000	\$.00 .00 .00	\$.00 .00 .00

@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	7	45	\$ 964.44	\$ 21.43	1.875	\$ 137.78	\$ 40.19
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

HOSP OUTPATIENT TOTAL	7	45		964.44	21.43	1.875	137.78	40.19			
MEDICAL	2	3		216.74	72.25	.125	108.37	9.03			
SURGERY	0	0		.00	.00	.000	.00	.00			
PATHOLOGY	4	26		284.59	10.95	1.083	71.15	11.86			
RADIOLOGY	1	1		80.59	80.59	.042	80.59	3.36			
ROOM USE	5	7		306.57	43.80	.292	61.31	12.77			
CROSSOVERS/ALL OTH OUTPINT	3	8		75.95	9.49	.333	25.32	3.16			
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000 \$.00	\$.00			
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00			
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00			
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00			
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00			
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00			
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00			
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00			
ANCILLARIES	0	0		.00	.00	.000	.00	.00			
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00			
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00			
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00			
MEDICAL	0	0		.00	.00	.000	.00	.00			
SURGERY	0	0		.00	.00	.000	.00	.00			
PATHOLOGY	0	0		.00	.00	.000	.00	.00			
RADIOLOGY	0	0		.00	.00	.000	.00	.00			
ROOM USE	0	0		.00	.00	.000	.00	.00			
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00			
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITURE	S MONTH-OF	-PAYMENT REP	PORT FOR JAN	2003 THRU DE	C 2003	PAGE 855			
MOP024	FEE-FOR-SERVICE/DENTAL							01/29/04			
AMADOR COUNTY	SUMMARY OF SERVICES FOR	MEDICALL	Y INDIGENT	- ADULTS -	TOTAL						
	MONTHLY AVERAGE										

							M	OM.I.	HLY AVERA	ŒΕ	
24 ELIGIBLES	USERS	UNITS OF SERVIC	Έ	EXPENDITURES	AVE:	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CAR	E		PER	UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	7	45	\$	964.44	\$	21.43	1.875	\$	137.78	\$	40.19
COMM HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	7	45		964.44		21.43	1.875		137.78		40.19
MEDICAL	2	3		216.74		72.25	.125		108.37		9.03
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	4	26		284.59		10.95	1.083		71.15		11.86
RADIOLOGY	1	1		80.59		80.59	.042		80.59		3.36
ROOM USE	5	7		306.57		43.80	.292		61.31		12.77
CROSSOVERS/ALL OTH OUTPTNT	3	8		75.95		9.49	.333		25.32		3.16
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	15	462	\$	38,400.18	\$	83.12	19.250	\$	2560.01	\$	1600.01
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	15	462		38,400.18		83.12	19.250		2560.01		1600.01
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00

ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	5	17	\$	271.11	\$	15.95	.708	\$	54.22	\$	11.30
PATHOLOGY	5	17		271.11		15.95	.708		54.22		11.30
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	_	RES I	MONTH-OF-PAYMENT RE	EPOR'	T FOR JAN	2003 THRU	DEC	2003	PI	AGE 856
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
AMADOD COTINESS	CINNADI OR CRRITARO RO			TAID T CIDAM A DITT MC		m v t					

AMADOR COUNTY SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - ADULTS - TOTAL

								1.1	OIV II.	111 110 11(1)	.01	
24 ELIGIBLES	USERS UN	ITS OF SERVIC	CE	EXF	ENDITURES	AVE	RAGE COST	UNITS/DAY	S C	COST PER	C	OST PER
	0	R DAYS OF CAF	RΕ			PER	UNIT/DAY	PER ELIG		USER	E	LIGIBLE
@ALL OTHER PROVIDERS	5	21	\$		576.50	\$	27.45	.875	\$	115.30	\$	24.02
DURABLE MED. EQUIP.	0	0			.00		.00	.000		.00		.00
BLOOD BANK	0	0			.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0			.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	4	20			471.50		23.58	.833		117.88		19.65
AMBULANCES/AIR TRANS	4	20			471.50		23.58	.833		117.88		19.65
OTHER TRANS	0	0			.00		.00	.000		.00		.00
OTHER SERVICES	0	0			.00		.00	.000		.00		.00
ACUPUNCTURE	0	0			.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0			.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	1	1			105.00		105.00	.042		105.00		4.38
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0			.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0	0			.00		.00	.000		.00		.00
OPTICIAN	0	0			.00		.00	.000		.00		.00
PHYSICAL THERAPIST	0	0			.00		.00	.000		.00		.00
PORTABLE X-RAY	0	0			.00		.00	.000		.00		.00
PROSTHETIST/ORTHOTISTS	0	0			.00		.00	.000		.00		.00
PROSTHETICS	0	0			.00		.00	.000		.00		.00
ORTHOTICS	0	0			.00		.00	.000		.00		.00
PSYCHOLOGIST	0	0			.00		.00	.000		.00		.00
SPEECH AND AUDIOLOGY	0	0			.00		.00	.000		.00		.00
HOSPICE SERVICES	0	0			.00		.00	.000		.00		.00
NONINST BIRTHING CENTERS	0	0			.00		.00	.000		.00		.00
LOCAL EDUCATION AGENCIES	0	0			.00		.00	.000		.00		.00
EPSDT SUPPLEMENTAL SERVICE	0	0			.00		.00	.000		.00		.00
RESPIRATORY CARE PRACT.	0	0			.00		.00	.000		.00		.00
PED SUBACUTE REHAB/WEANING	0	0			.00		.00	.000		.00		.00
ALL OTHER PROVIDERS	0	0			.00		.00	.000		.00		.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00
@* TOTALS IN THESE LINES ARE GIV	EN AS A SEPARATE	TNFORMATION	TTEM	ONLY;								

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 857 MOP024 01/29/04 FEE-FOR-SERVICE/DENTAL

AMADOR COUNTY SUMMARY OF SERVICES FOR ALL AGED ----- MONTHLY AVERAGE -----

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

4 101 FLIGTRING	HGEDG	INITES OF SERVICE		ALTERACE COOR	IDITEC /DAM	T COCE DED	COCE DED
4,121 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY		S COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	3,545	71,263 \$	4,614,050.62	\$ 64.75	17.293		\$ 1119.64
@PHYSICIANS SERVICES	565	2,623 \$		\$ 10.47	.636		\$ 6.67
OUTPATIENT VISITS	6	9	286.90	31.88	.002	47.82	.07
OFFICE VISITS	6	9	286.90	31.88	.002	47.82	.07
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS HOSPITAL VISITS	<u> </u>	1	.00	.00	.000	.00	.00
CRITICAL CARE	0	Û	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	ĺ	1	46.44	46.44	.000	46.44	.01
EXAMINATIONS	1	1	46.44	46.44	.000	46.44	.01
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	2	137	.00	.00	.033	.00	.00
PRINCIPAL SURGEON	2	2	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	135	.00	.00	.033	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	5	14.64	2.93	.001	14.64	.00
RADIOLOGY	8	12	285.96	23.83	.003	35.75	.07
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	552	2,458	26,841.97	10.92	.596	48.63	6.51
@PHARMACY	2,996	19,286 \$	847,652.84	\$ 43.95	4.680		
PRESCRIPTION DRUGS	2,977	13,980	836,816.63	59.86	3.392	281.09	203.06
SNF/ICF	967	6,239	331,997.89	53.21	1.514	343.33	80.56
OUTPATIENTS	2,025	7,741	504,818.74	65.21	1.878	249.29	122.50 2.63
MEDICAL SUPPLIES @DENTIST	156 118	5,306 377 \$	10,836.21 16,292.00	2.04 \$ 43.21	1.288 .091	69.46 \$ 138.07	
VISITS - DIAGNOSTIC	84	257	3,383.00	13.16	.062	40.27	.82
ORAL SURGERY	10	24	1,660.00	69.17	.002	166.00	.40
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	2	2	118.00	59.00	.000	59.00	.03
ENDODONTICS	2	2	590.00	295.00	.000	295.00	.14
RESTORATIVE DENTISTRY	20	37	2,591.00	70.03	.009	129.55	.63
PROSTHETICS	1	1	30.00	30.00	.000	30.00	.01
DENTURES, STAYPLATES	28	45	7,920.00	176.00	.011	282.86	1.92
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	5	9	.00	.00	.002	.00	.00
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURES					PAGE 858
MOP024	FEE-FOR-SERVICE						01/29/04
AMADOR COUNTY		ICES FOR ALL AGED					
						NTHLY AVERA	
4,121 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY			ELIGIBLE
@OPTOMETRIST	111	196 \$		\$ 22.86	.048		•
DIAGNOSTIC AND ANC. PROCED	40	41	744.11	18.15	.010	18.60	.18

EYE APPLIANCES	56	143		3,071.70		21.48	.035		54.85		.75
OTHER OPTOMETRIC SERVICES	19	12		665.72		55.48	.003		35.04		.16
@CHIROPRACTOR	1	1	\$	16.72	\$	16.72	.000	Ś	16.72	\$.00
VISITS	0	0	т	.00	т.	.00	.000	т	.00	-	.00
OTHER SERVICES	1	1		16.72		16.72	.000		16.72		.00
@PODIATRIST	225		بغ	2,412.75	\$	9.50	.062	4	10.72	\$.59
		254	\$		Ą			\$		Ą	
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	225	254		2,412.75		9.50	.062		10.72		.59
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	Ś	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	Š	.00	\$.00	.000	Š	.00	Š	.00
PEDIATRIC NURSE PRACTITIONER	•	0	Ċ	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	Ģ.	.00	\$.00	.000	\$.00	\$.00
	-		ې ک								
@TOTAL HOSPITAL	114	653	Ş	103,521.72	\$	158.53	.158	\$	908.09	\$	25.12
HOSP INPATIENT TOTAL	49	339		94,965.45		280.13	.082		1938.07		23.04
HSC HOSPITALS	4	55		38,869.03		706.71	.013		9717.26		9.43
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
	-										
INPATIENT CROSSOVERS	45	284		56,096.42		197.52	.069		1246.59		13.61
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	68	314		8,556.27		27.25	.076		125.83		2.08
MEDICAL	2	2		102.23		51.12	.000		51.12		.02
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	3	19		292.59		15.40	.005		97.53		.07
RADIOLOGY	6	9		686.31		76.26	.002		114.39		.17
ROOM USE	5	7		224.58		32.08	.002		44.92		.05
CROSSOVERS/ALL OTH OUTPTNT	59	277		7,250.56		26.18	.067		122.89		1.76
	2		<u>ب</u>		4			4		4	
@COUNTY HOSPITAL TOTAL	∠ 1	82	\$	2,695.93	\$	32.88	.020	Ą	1347.97	\$.65
CO HOSPITAL INPATIENT TOTAL	Ţ	60		2,576.00		42.93	.015		2576.00		.63
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	1	60		2,576.00		42.93	.015		2576.00		.63
	0	0		•							
ALL OTHER INPATIENT				.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	2	22		119.93		5.45	.005		59.97		.03
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT		22		119.93		5.45	.005		59.97		.03
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURE	rc M		FDORT			DEC		D7	AGE 859
MOP024	FEE-FOR-SERVICE		ויו טיי	CIVILI OF PAIRIDINI R		L LOIC UMIN 2	7002 1111/0	ייניע	2003	F	01/29/04
											01/29/04
AMADOR COUNTY	SUMMARY OF SERV	ICES FOR ALL AGE	J				_			a=	
									HLY AVERA		
4,121 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST					COST PER
		OR DAYS OF CARE			PEF	R UNIT/DAY	PER ELIC	3	USER	I	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	112	571	\$	100,825.79	\$	176.58	.139	\$	900.23	\$	24.47
COMM HOSP INPATIENT TOTAL	48	279		92,389.45		331.14	.068		1924.78		22.42
HSC HOSPITALS	4	55		38,869.03		706.71	.013		9717.26		9.43
	-	5.5		23,002.03							

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00		.00
ANCILLARIES	0	0	.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	44	224	53,520.42	238.93	.054	1216.37	1:	2.99
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	66	292	8,436.34	28.89	.071	127.82	:	2.05
MEDICAL	2	2	102.23	51.12	.000	51.12		.02
SURGERY	0	0	.00	.00	.000	.00		.00
PATHOLOGY	3	19	292.59	15.40	.005	97.53		.07
RADIOLOGY	6	9	686.31	76.26	.002	114.39		.17
ROOM USE	5	7	224.58	32.08	.002	44.92		.05
CROSSOVERS/ALL OTH OUTPTNT	57	255	7,130.63	27.96	.062	125.10		1.73
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00

MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	1,006	33,328	\$	3,447,325.46	\$	103.44	8.087	\$	3426.76	\$	836.53
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	3	113		57,874.33		512.16	.027		19291.44		14.04
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	1,003	33,215		3,389,451.13		102.05	8.060		3379.31		822.48
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	11	41	\$	6,295.89	\$	153.56	.010	\$	572.35	\$	1.53
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	11	41		6,295.89		153.56	.010		572.35		1.53
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	10	40	\$	155.48	\$	3.89	.010	\$	15.55	\$.04
PATHOLOGY	1	24		56.08		2.34	.006		56.08		.01
XO AND OTHERS	9	16		99.40		6.21	.004		11.04		.02
@ORGANIZED OUTPATIENT CLINIC	338	552	\$	44,100.22	\$	79.89	.134	\$	130.47	\$	10.70
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	3	3		606.24		202.08	.001		202.08		.15
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	336	549		43,493.98		79.22	.133		129.45		10.55
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDIT	URES	MONTH-OF-PAYMENT RE	PORT	FOR JAN	2003 THRU	DEC	2003	PI	AGE 860
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
AMADOR COUNTY	SUMMARY OF SERVICES FOR	ALL A	GED								
							7.7	\sim rtt	A CTETT A TATE	O E	

Thin indoir Coolli I	DOMMING OF BEIN	VICED TON THE THORD					
					MON	ITHLY AVERA	-
4,121 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@ALL OTHER PROVIDERS	583	13,912 \$	114,320.10	\$ 8.22	3.376 \$	196.09	\$ 27.74
DURABLE MED. EQUIP.	20	63	8,174.41	129.75	.015	408.72	1.98
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	4	4	1,611.27	402.82	.001	402.82	.39
MEDICAL TRANSPORTATION	61	4,904	10,434.43	2.13	1.190	171.06	2.53
AMBULANCES/AIR TRANS	2	9	408.89	45.43	.002	204.45	.10
OTHER TRANS	28	4,398	8,488.77	1.93	1.067	303.17	2.06
OTHER SERVICES	33	497	1,536.77	3.09	.121	46.57	.37
ACUPUNCTURE	9	36	616.35	17.12	.009	68.48	.15
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	206	1,271	63,003.15	49.57	.308	305.84	15.29
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	61	148	1,684.96	11.38	.036	27.62	.41
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	4	7	3.94	.56	.002	.99	.00
PROSTHETIST/ORTHOTISTS	5	17	537.46	31.62	.004	107.49	.13
PROSTHETICS	5	17	537.46	31.62	.004	107.49	.13
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	4	4	22.56	5.64	.001	5.64	.01
SPEECH AND AUDIOLOGY	7	7	1,496.64	213.81	.002	213.81	.36
HOSPICE SERVICES	3	96	10,453.11	108.89	.023	3484.37	2.54
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

279 7,355 16,281.82 2.21 1.785 58.36 3.95 ALL OTHER PROVIDERS @CALIF. CHILDREN SERVICES* 0 0 \$.00 \$.000 \$.00 \$.00 .00 8,051 \$ 209,346.46 \$ @XOVER EXCLUDING STATE HOSP** 1,103 26.00 1.954 \$ 189.80 \$ 50.80

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 861
MOP024 FEE-FOR-SERVICE/DENTAL
AMADOR COUNTY SUMMARY OF SERVICES FOR ALL BLIND

AMADOR COUNTY	SUMMARY OF SERV	VICES FOR ALL BLIND	,				7.0	^NTITIT		αп	
82 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	7/1/20	ACE COCT	UNITS/DAY				COST PER
07 FFIGIRIES	USERS			EXPENDITURES					USER		ELIGIBLE
	77	OR DAYS OF CARE	ı	F1 204 F7			PER ELIG				-
@TOTAL, ALL PROVIDERS	7 / 25	18,505 \$		51,394.57	\$	2.78	225.671			\$	626.76
@PHYSICIANS SERVICES		45 \$ 13	•	1,394.10	\$	30.98 28.90	.549 .159	Þ	55.76 37.57	Þ	17.00
OUTPATIENT VISITS	10 10	13		375.72 375.72		28.90	.159		37.57		4.58
OFFICE VISITS	0										4.58
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	U	0		.00		.00	.000		.00		.00
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	U	0		.00		.00	.000		.00		.00
INPATIENT VISITS	2	9		598.58		66.51	.110		299.29		7.30
HOSPITAL VISITS	2	9		598.58		66.51	.110		299.29		7.30
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	1	1		46.44		46.44	.012		46.44		.57
EXAMINATIONS	1	1		46.44		46.44	.012		46.44		.57
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	1	1		62.42		62.42	.012		62.42		. 76
PRINCIPAL SURGEON	1	1		62.42		62.42	.012		62.42		.76
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	2	2		97.04		48.52	.024		48.52		1.18
PRINCIPAL SURGEON	2	2		97.04		48.52	.024		48.52		1.18
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	2	2		74.64		37.32	.024		37.32		.91
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	12	17		139.26		8.19	.207		11.61		1.70
@PHARMACY	73	4,863 \$;	16,740.84	\$	3.44	59.305	\$		\$	204.16
PRESCRIPTION DRUGS	68	240		14,018.76		58.41	2.927		206.16		170.96
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	68	240		14,018.76		58.41	2.927		206.16		170.96
MEDICAL SUPPLIES	12	4,623		2,722.08		.59	56.378		226.84		33.20
@DENTIST	1	13 \$;	539.10	\$	41.47	.159	\$	539.10	\$	6.57
VISITS - DIAGNOSTIC	1	10		184.00		18.40	.122		184.00		2.24
ORAL SURGERY	1	1		.00		.00	.012		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	1	1		215.00		215.00	.012		215.00		2.62
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	1	1		140.10		140.10	.012		140.10		1.71
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00

ORTHODONTIC SERVICES ALL OTHER SERVICES

MOP024

#CALIF DEPT OF HEALTH SERV

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MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

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FEE-FOR-SERVICE/DENTAL AMADOR COUNTY

SUMMARY OF SERVICES FOR ALL BLIND

AMADOR COUNTY	SUMMARY OF SERV	ICES FOR ALL BLIN	ND				3.6	~ N T C C		aп	
02 ELIGIDIEG	USERS	INTEG OF GEDVICE			71 77	ERAGE COST	M(COST PER
82 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES		R UNIT/DAY		>	USER		ELIGIBLE
@OPTOMETRIST	2	OR DAIS OF CARE	\$	238.15	\$	59.54	.049	ė.	119.08		2.90
DIAGNOSTIC AND ANC. PROCED	1	1	Ą	75.11	Ą	75.11	.012	Ą	75.11	Ą	.92
EYE APPLIANCES	2	3		163.04		54.35	.012		81.52		1.99
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
	0	0	\$.00	\$.00	.000	Ċ.	.00	\$.00
@CHIROPRACTOR VISITS	0	0	Ą	.00	Ą	.00	.000	Ą	.00	Ą	.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	1	1	\$	55.00	\$	55.00		\$	55.00	\$.67
	1	1	Ş		Þ	55.00	.012	Þ	55.00	Þ	
MEDICINE/INJECTIONS	1			55.00							.67
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	_				.00					.00
OTHER	0	0	4	.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	Ş	.00	\$.00		\$.00	\$.00
NURSE ANESTHESIST	0	0	Ş	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	•	0	Ş	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER		0	Ş	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	Ş	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	18	61	Ş	7,258.34	\$	118.99		\$	403.24	\$	88.52
HOSP INPATIENT TOTAL	2	4		5,576.00		1394.00	.049		2788.00		68.00
HSC HOSPITALS	1	4		4,736.00		1184.00	.049		4736.00		57.76
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	1	0		840.00		.00	.000		840.00		10.24
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	17	57		1,682.34		29.51	.695		98.96		20.52
MEDICAL	11	16		696.63		43.54	.195		63.33		8.50
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	9	25		364.30		14.57	.305		40.48		4.44
RADIOLOGY	<u>1</u>	1		189.90		189.90	.012		189.90		2.32
ROOM USE	./	8		291.56		36.45	.098		41.65		3.56
CROSSOVERS/ALL OTH OUTPTNT	4	7		139.95		19.99	.085		34.99		1.71
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00

CROSSOVERS/ALL OTH OUTPTNT 0 0 .00 .00 .00 .00 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE

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MOP024	FEE-FOR-SERVICE	LES AND EXPENDITURE	מ אנ	MONTH-OF-PAYMENT R	EPORT	FOR JAN 2	2003 THRU	DEC	2003	F	01/29/04
AMADOR COUNTY		/ICES FOR ALL BLI	JD								01/29/04
THE DOTE COOLLI	DOMMING OF BEIN	VICED FOR THE BEIL	עו				N	TONT	HLY AVERA	GE	
82 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST					COST PER
	0.0	OR DAYS OF CARE				UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	18	61	\$	7,258.34		118.99	.744				88.52
COMM HOSP INPATIENT TOTAL	2	4	•	5,576.00		1394.00	.049		2788.00	-	68.00
HSC HOSPITALS	1	4		4,736.00		1184.00	.049		4736.00		57.76
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	1	0		840.00		.00	.000		840.00		10.24
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	17	57		1,682.34		29.51	.695		98.96		20.52
MEDICAL	11	16		696.63		43.54	.195		63.33		8.50
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	9	25		364.30		14.57	.305		40.48		4.44
RADIOLOGY	1	1		189.90		189.90	.012		189.90		2.32
ROOM USE	7	8		291.56		36.45	.098		41.65		3.56
CROSSOVERS/ALL OTH OUTPTNT	4	7		139.95		19.99	.085		34.99		1.71
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00	4	.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0	4	.00	4	.00	.000	4	.00	4	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER @REHABILITATION FACILITY	0	0	۲,	.00	\$.00	.000	\$.00	بع	.00
HOSPITAL BASED	0	0	\$.00	Ą	.00	.000	Ą	.00	Ş	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	Ą	.00	Ą	.00	.000	Ą	.00	Ą	.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	18	35	\$	2,248.47	\$	64.24	.427	\$	124.92	Ś	27.42
CLINIC	0	0	٧	.00	٧	.00	.000	Y	.00	Y	.00
SURGICENTER	1	7		268.34		38.33	.085		268.34		3.27
HEROIN DETOX CLINIC	0	Ó		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	17	28		1,980.13		70.72	.341		116.48		24.15
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURE	S N		EPORT			DEC		F	PAGE 864
MOP024	FEE-FOR-SERVICE			1011111 01 11111111111 10			2005 11110		2005	-	01/29/04
AMADOR COUNTY		VICES FOR ALL BLIN	1D								32,22,01
	DILLE OF DELL		-				N	IONT	HLY AVERA	GE	
82 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST					COST PER
		OR DAYS OF CARE				UNIT/DAY	PER ELIC	3	USER		ELIGIBLE
@ALL OTHER PROVIDERS	35	13,483	\$	22,920.57	\$	1.70	164.427	\$	654.87	\$	279.52

DURABLE MED. EQUIP.	6	33	4,895.22	148.34	.402	815.87	59.70
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	3	69	518.28	7.51	.841	172.76	6.32
AMBULANCES/AIR TRANS	3	69	518.28	7.51	.841	172.76	6.32
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	9	22	999.46	45.43	.268	111.05	12.19
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	21.99	11.00	.024	21.99	.27
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	4	72.24	18.06	.049	36.12	.88

PROSTHETICS	2	4	72.24	18.06	.049	36.12	.88
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	5	7,418	9,954.23	1.34	90.463	1990.85	121.39
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	23	5,935	6,459.15	1.09	72.378	280.83	78.77
@CALIF. CHILDREN SERVICES*	6	121	\$ 10,642.52	\$ 87.95	1.476	\$ 1773.75	\$ 129.79
@XOVER EXCLUDING STATE HOSP**	14	38	\$ 1,509.23	\$ 39.72	.463	\$ 107.80	\$ 18.41

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MOP024

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 865 FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR ALL DISABLED

01/29/04

AMADOR COUNTY

						MO	TNC	HLY AVERA	.GE	
7,248 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	S	COST PER		COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	5,911	214,744	\$ 4,638,482.49	\$	21.60	29.628	\$	784.72	\$	639.97
@PHYSICIANS SERVICES	1,759	6,704	\$ 203,487.25	\$	30.35	.925	\$	115.68	\$	28.07
OUTPATIENT VISITS	719	1,029	34,419.24		33.45	.142		47.87		4.75
OFFICE VISITS	636	887	28,119.81		31.70	.122		44.21		3.88
HOME VISITS	5	6	223.10		37.18	.001		44.62		.03
EMERGENCY ROOM	45	62	4,100.03		66.13	.009		91.11		.57
PREVENTIVE CARE	0	0	.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	1	1	112.00		112.00	.000		112.00		.02
OTHER OUTPATIENT	64	73	1,864.30		25.54	.010		29.13		.26
INPATIENT VISITS	119	491	21,139.77		43.05	.068		177.65		2.92
HOSPITAL VISITS	76	421	17,598.41		41.80	.058		231.56		2.43
CRITICAL CARE	8	13	1,804.91		138.84	.002		225.61		.25
SNF/ICF/TRANS IP CARE	42	57	1,736.45		30.46	.008		41.34		.24
OPHTHALMOLOGICAL SERVICES	16	20	868.40		43.42	.003		54.28		.12
EXAMINATIONS	16	20	868.40		43.42	.003		54.28		.12
SERVICES AND MATERIALS	0	0	.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	57	1,160	42,455.71		36.60	.160		744.84		5.86
PRINCIPAL SURGEON	40	59	33,914.32		574.82	.008		847.86		4.68
ASSISTANT SURGEON	2	2	1,798.57		899.29	.000		899.29		.25
ANESTHESIOLOGIST	25	1,099	6,742.82		6.14	.152		269.71		.93
OUTPATIENT SURGERY	114	255	23,447.46		91.95	.035		205.68		3.24
PRINCIPAL SURGEON	101	126	20,595.13		163.45	.017		203.91		2.84
ASSISTANT SURGEON	0	0	.00		.00	.000		.00		.00
ANESTHESIOLOGIST	18	129	2,852.33		22.11	.018		158.46		.39
DIALYSIS	15	81	3,861.68		47.68	.011		257.45		.53
PATHOLOGY	122	402	6,077.90		15.12	.055		49.82		.84
RADIOLOGY	421	768	34,369.15		44.75	.106		81.64		4.74
PSYCHIATRY	0	0	.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	33	60	560.82		9.35	.008		16.99		.08
OTHER SERVICES/ALL X-OVERS	827	2,438	36,287.12		14.88	.336		43.88		5.01
@PHARMACY	5,060	67,300	\$ 2,130,154.89	\$	31.65	9.285	\$	420.98	\$	293.90
PRESCRIPTION DRUGS	5,012	23,159	2,071,677.66		89.45	3.195		413.34		285.83
SNF/ICF	167	1,407	87,693.23		62.33	.194		525.11		12.10
OUTPATIENTS	4,849	21,752	1,983,984.43		91.21	3.001		409.15		273.73
MEDICAL SUPPLIES	399	44,141	58,477.23		1.32	6.090		146.56		8.07
@DENTIST	289	1,289	\$ 64,870.90	\$	50.33	.178	\$	224.47	\$	8.95
VISITS - DIAGNOSTIC	184	758	9,868.90		13.02	.105		53.64		1.36
ORAL SURGERY	61	125	8,183.00		65.46	.017		134.15		1.13

DRUGS	2	2	30.00	15.00	.000	15.00	.00
ANESTHESIA	2	2	200.00	100.00	.000	100.00	.03
PERIODONTICS	16	20	2,472.00	123.60	.003	154.50	.34
ENDODONTICS	22	33	8,074.00	244.67	.005	367.00	1.11
RESTORATIVE DENTISTRY	84	271	21,974.00	81.08	.037	261.60	3.03
PROSTHETICS	3	3	60.00	20.00	.000	20.00	.01
DENTURES, STAYPLATES	41	74	14,009.00	189.31	.010	341.68	1.93
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	1	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES I	MONTH-OF-PAYMENT RI	EPORT FOR JAN	2003 THRU DE	C 2003	PAGE 866
MOP024	FEE-FOR-SERVICE/D	ENTAL					01/29/04
AMADOR COUNTY	SUMMARY OF SERVIC	ES FOR ALL DISABLE	ED				
					MON	THLY AVERAG	E
7,248 ELIGIBLES	USERS U	NITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	189	453 \$	10,120.27	\$ 22.34	.063 \$	53.55	\$ 1.40
DIACNOCUIC AND AND DROCED	0.6	0 E	2 711 /2	20 07	012	20 66	E 1

00PTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES 0CHIROPRACTOR VISITS OTHER SERVICES 0PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER 0HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER FAMILY NURSE PRACTITIONER 0TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL ID CAPE	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS COST	PER	COST PER
		UNITS OF SERVICE OR DAYS OF CARE 453 \$		PER UNIT/DAY	PER ELIG US	ER	ELIGIBLE
@OPTOMETRIST	189	453 \$	10,120.27	\$ 22.34	.063 \$ 5	3.55 \$	1.40
DIAGNOSTIC AND ANC. PROCED	96	95	3,711.43	39.07	.013 3 .045 4	8.66	.51
EYE APPLIANCES	118	323	3,711.43 5,569.13	17.24	.045 4	7.20	.77
OTHER OPTOMETRIC SERVICES	30	35	839.71	23.99	.005 2	7.99	.12
@CHIROPRACTOR	30	47 \$	679.00	\$ 14.45	.006 \$ 2	2.63 \$.09
VISITS	21	29	480.70	16.58		2.89	
OTHER SERVICES	9	18	198.30	11.02		2.03	
@PODIATRIST	84	102 \$	2,347.65	\$ 23.02	.014 \$ 2	7.95 \$.32
MEDICINE/INJECTIONS	35	36	2,347.65 1,182.80	32.86	.005 3	3.79	.16
SURGERY/ANES.	4	5	115.05	23.01	.001 2	8.76	.02
RADIO./PATHOLOGY	4	5	86.50	17.30	. 001 2	1.63	.01
OTHER	46	56	963.30	17.20	.008 2	0.94	
@HOME HEALTH AGENCY	32	668 \$	23,066.72	\$ 34.53	.092 \$ 72	0.84 \$	
NURSE ANESTHESIST	4	71 \$	170.36	\$ 2.40	.010 \$ 4	2.59 \$.02
NURSE MIDWIFE	3	15 \$	1,483.17	\$ 98.88		4.39 \$	
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00		.000 \$.00 \$	
FAMILY NURSE PRACTITIONER	0	0 \$.00 .00 1,007,271.47	\$.00	.000 \$.00 \$	
@TOTAL HOSPITAL	1,139	8,518 \$	1,007,271.47	\$ 118.25	1.175 \$ 88		
HOSP INPATIENT TOTAL	139	669	784,499.62	1172.65		3.88	108.24
HSC HOSPITALS	33	188	219,715.00	1172.65 1168.70		8.03	30.31
NON-HSC HOSPITAL TOTAL	62	275	523,302.38	1902.92		0.36	72.20
ACCOMMODATIONS	62	275	155,856.70	566.75		3.82	21.50
ADMINISTRATIVE DAYS	3	29	155,856.70 5,773.30	199.08	004 192	4.43	.80
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER ®TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @COUNTY HOSPITAL TOTAL	59	246	150.083.40	.00 610.10 .00 201.37 .00 28.38	.034 254	3.79	20.71
ANCILLARIES	62	0	367.445.68	.00	.000 592	6.54	50.70
INPATIENT CROSSOVERS	51	206	41,482.24	201.37	.028 81	3.38	5.72
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1,051	7,849	222,771.85	28.38	1.083 21	1.96	30.74
MEDICAL	318	573	27,635.03	48.23	.079 8	6.90	3.81
SURGERY	63	66	2,543.77	38.54	.079 8 .009 4	0.38	
PATHOLOGY	532	7,849 573 66 2,979 506 750 2,975	27,635.03 2,543.77 30,960.65	10.39	.411 5	8.20	4.27
RADIOLOGY	320	506	41,732.05 31,795.86 88,104.49	82.47		0.41	5.76
ROOM USE	481	750	31,795.86	42.39		6.10	4.39
CROSSOVERS/ALL OTH OUTPTNT	307	2,975	88,104.49	29.61	.410 28	6.99	12.16
@COUNTY HOSPITAL TOTAL	21		12,315.02	\$ 100.94		6.43 \$	1.70
CO HOSPITAL INPATIENT TOTAL	3	18	8,810.00	489.44		6.67	
HSC HOSPITALS	1	750 2,975 122 \$ 18 8 0 0	7,320.00	915.00		0.00	1.01
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00 .00 .00	.000	.00	.00
TRANSITIONAL IP CARE	0	18 8 0 0 0	.00	.00	.000	.00	.00

ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	2	10	1,490.00	149.00	.001	745.00	.21
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	18	104	3,505.02	33.70	.014	194.72	.48
MEDICAL	6	8	185.77	23.22	.001	30.96	.03
SURGERY	2	2	87.01	43.51	.000	43.51	.01
PATHOLOGY	11	51	568.23	11.14	.007	51.66	.08
RADIOLOGY	5	8	1,741.52	217.69	.001	348.30	.24
ROOM USE	10	13	681.68	52.44	.002	68.17	.09
CROSSOVERS/ALL OTH OUTPTNT	9	22	240.81	10.95	.003	26.76	.03
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN	2003 THRU DE	C 2003	PAGE 867
MOP024	FEE-FOR-SERVICE/D	ENTAL					01/29/04
AMADOR COUNTY	SUMMARY OF SERVICE	ES FOR ALL DISAB	LED				
					MON	THLY AVERAC	GE
7,248 ELIGIBLES	USERS U	NITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER

						MON		AGE	
7,248 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST				COST PER
		OR DAYS OF CARE			PER UNIT/DAY		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,124	8,396 \$	\$	994,956.45	\$ 118.50		885.19	\$	137.27
COMM HOSP INPATIENT TOTAL	136	651		775,689.62	1191.54	.090	5703.60		107.02
HSC HOSPITALS	32	180		212,395.00	1179.97	.025	6637.34		29.30
NON-HSC HOSPITALS TOTAL	62	275		523,302.38	1902.92	.038	8440.36		72.20
ACCOMMODATIONS	62	275		155,856.70	1902.92 566.75	.038	2513.82		21.50
ADMINISTRATIVE DAYS	3	29		5 773 30	199.08	.004	1924.43		.80
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	59	246		150,083.40	610.10	.034	2543.79		20.71
7,248 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	62	0 246 0		367,445.68	.00	.000	5926.54		50.70
INPATIENT CROSSOVERS	49	196		39,992,24	204.04	.027	816.17		5.52
ALL OTHER INPATIENT	0	0		.00	.00				.00
COMM HOSP OUTPATIENT TOTAL	1.039	7.745		219.266.83	28.31	1.069	211.04		30.25
MEDICAL	315	565		27.449.26	48.58	.078	87.14		3.79
SURGERY	61	64		2 456 76	38 39	.009	40.27		.34
PATHOLOGY	523	2 928		30 392 42	10.38	.404	58.11		4.19
RADIOLOGY	316	196 0 7,745 565 64 2,928 498 737		150,083.40 367,445.68 39,992.24 .00 219,266.83 27,449.26 2,456.76 30,392.42 39,990.53 31,114.18 87,863.68	80.30	.069	126.55		5.52
ROOM USE	476	737		31 114 18	42 22	.102	65.37		4.29
CROSSOVERS/ALL OTH OUTDTNT	302	2 953		87 863 68	29 75	.407	290.94		12.12
@GTATE HOGDITAI.	0	0 \$	4	.00	\$.00	.000 \$		¢	.00
MENTALLY ILL	0	0 4	۲	.00	.00	.000	.00		.00
DEMENTALL THE	0	0		.00	.00	.000	.00		.00
ONTIDGING FACTITY	1/13	1 626 d	5	606,957.66			4244.46		83.74
UNUNDING PACIFIT	143	4,020 Ş	?	.00	.00	.000	.00		.00
TEV D-DEDVD WD	0	0				.000	.00		.00
TEV D CHDACHTE EDEECTANDING	0	0		.00	.00	.000			.00
TEA D GIDAGIAE REESTANDING	U E	101		106 576 21	557.99	.026	21315.26		14.70
TEA B ADVICTATIONAL ID CADE	5	191		106,576.31	.00	.000	.00		.00
LEV B-IRANSIIIONAL IP CARE	120	4 425		500,381.35	112.83	.612	3625.95		69.04
LEV B-REGULAR	130	4,435	4	500,361.35	\$.00	.000 \$		ė,	.00
WINIERMEDIALE CARE FACILDD	0	υ ş	?	.00	.00	.000 \$.00		.00
ICF DDH	0	0		.00	.00	.000	.00		.00
ICF DD	0	0		.00		.000			.00
TCF DDN/DDCN	0	225 4	4				.00		
@HEMODIALYSIS TOTAL	24	325 \$	7	41,796.10	\$ 128.60	.045 \$	1741.50	Ş	5.77
HUSPITAL BASED	12	138		26,794.36	194.16 80.22	.019	2232.86		3.70
HEMODIALYSIS CENTER	12	18 /	4	15,001.74	80.22	.026	1250.15		2.07
@REHABILITATION FACILITY	0	0 \$	į.	.00	\$.00	.000 \$.00
HOSPITAL BASED	0	U		.00	.00	.000	.00		.00
INDEPENDENT FACILITY	0	0	ı.	.00	.00	.000	.00		.00
@LABORATORY FACILITY	191	996 \$	\$	13,280.90	\$ 13.33	.137 \$	69.53	Ş	
PATHOLOGY	173	963		13,162.44	13.67	.133	76.08		1.82
MEDICAL SURGERY PATHOLOGY RADIOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY LEV A-INTERMEDIATE LEV B-REHAB MD LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED LEV B-TRANSITIONAL IP CARE LEV B-REGULAR @INTERMEDIATE CARE FACILDD ICF DDH ICF DD ICF DDN/DDCN @HEMODIALYSIS TOTAL HOSPITAL BASED HEMODIALYSIS CENTER @REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY PATHOLOGY XO AND OTHERS	18	33	ı.	118.46	3.59	.005			.02
@OKGANIZED COTFATIENT CHINIC	1,210	Ι, ΣΙΟ Υ	į.		\$ 129.43	.265 \$		Ş	34.25
CLINIC	17	36		1,013.03	28.14	.005	59.59		.14

923.14 SURGICENTER 6 20 46.16 .003 153.86 .13 .000 HEROIN DETOX CLINIC 0 0 .00 .00 .00 .00 RURAL HEALTH CLINIC 1,189 1,862 246,305.02 132.28 .257 207.15 33.98 MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 #CALIF DEPT OF HEALTH SERV PAGE 868 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 AMADOR COUNTY SUMMARY OF SERVICES FOR ALL DISABLED

						M	ONTHLY AVERA	GE	
7,248 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST	UNITS/DAY	S COST PER		COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@ALL OTHER PROVIDERS	941	121,712	\$	284,554.96	\$ 2.34	16.792	\$ 302.40	\$	39.26
DURABLE MED. EQUIP.	102	375		58,435.41	155.83	.052	572.90		8.06
BLOOD BANK	0	0		.00	.00	.000	.00		.00
HEARING AID DISPENSERS	1	1		25.00	25.00	.000	25.00		.00
MEDICAL TRANSPORTATION	166	8,071		37,783.64	4.68	1.114	227.61		5.21
AMBULANCES/AIR TRANS	120	1,702		20,659.80	12.14	.235	172.17		2.85
OTHER TRANS	26	5,674		13,871.16	2.44	.783	533.51		1.91
OTHER SERVICES	29	695		3,252.68	4.68	.096	112.16		.45
ACUPUNCTURE	0	0		.00	.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00		.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	63	2,279		71,201.35	31.24	.314	1130.18		9.82
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00		.00
OPTICIAN	126	273		3,157.72	11.57	.038	25.06		.44
PHYSICAL THERAPIST	2	9		12.59	1.40	.001	6.30		.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	18	122		22,510.20	184.51	.017	1250.57		3.11
PROSTHETICS	11	115		22,143.11	192.55	.016	2013.01		3.06
ORTHOTICS	7	7		367.09	52.44	.001	52.44		.05
PSYCHOLOGIST	4	4		37.82	9.46	.001	9.46		.01
SPEECH AND AUDIOLOGY	30	79		3,033.07	38.39	.011	101.10		.42
HOSPICE SERVICES	4	55		6,250.44	113.64	.008	1562.61		.86
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	113	11,459		44,918.07	3.92	1.581	397.51		6.20
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00		.00
ALL OTHER PROVIDERS	408	98,985		37,189.65	.38	13.657	91.15		5.13
@CALIF. CHILDREN SERVICES*	71	12,487	\$	65,513.94	\$ 5.25	1.723	\$ 922.73	\$	9.04
@XOVER EXCLUDING STATE HOSP**	986	15,967	\$	128,186.34	\$ 8.03	2.203	\$ 130.01	\$	17.69
@* TOTALS IN THESE LINES ARE GIVE	EN AS A SEPARA	ATE INFORMATION	TTEM	ONLY;					

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE. ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 MOP024 FEE-FOR-SERVICE/DENTAL

AMADOR COUNTY SUMMARY OF SERVICES FOR ALL FAMILIES

----- MONTHLY AVERAGE -----USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER 22,731 ELIGIBLES OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 11,306 63,302 3,869,277.48 2.785 \$ 342.23 \$ 170.22 @TOTAL, ALL PROVIDERS 61.12 3,272 9,573 43.29 .421 \$ 126.65 \$ 18.23 @PHYSICIANS SERVICES 414,385.46 .118 50.22 OUTPATIENT VISITS 1,995 2,688 100,188.47 37.27 4.41 37.27 32.51 .00 53.96 48.15 68.57 27.85 70.81 46.75 133.51 .096 1,694 2,174 70,679.16 41.72 OFFICE VISITS 3.11 0 0 .00 .000 .00 .00 HOME VISITS EMERGENCY ROOM 151 157 8,471.98 .007 56.11 . 37 PREVENTIVE CARE 7 7 337.07 .000 48.15 .01 269 139 18,444.30 .012 132.69 .81 OB VISITS/COMPRE PERI OTHER OUTPATIENT 68 81 2,255.96 .004 33.18 .10 179 551 .024 217.96 1.72 INPATIENT VISITS 39,014.35 113.29 163 395 18,466.05 .017 .81 HOSPITAL VISITS CRITICAL CARE 24 153 20,427.00 133.51 .007 851.13 .90

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SNF/ICF/TRANS IP CARE	2	3	121.30	40.43	.000	60.65	.01
OPHTHALMOLOGICAL SERVICES	17	22	872.98	39.68	.001	51.35	.04
EXAMINATIONS	17	22	872.98	39.68	.001	51.35	.04
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	203	2,033	126,764.42	62.35	.089	624.46	5.58
PRINCIPAL SURGEON	141	169	105,559.40	624.61	.007	748.65	4.64
ASSISTANT SURGEON	29	29	5,888.58	203.05	.001	203.05	.26
ANESTHESIOLOGIST	72	1,835	15,316.44	8.35	.081	212.73	.67
OUTPATIENT SURGERY	285	887	51,681.01	58.26	.039	181.34	2.27
PRINCIPAL SURGEON	233	284	40,289.52	141.86	.012	172.92	1.77
ASSISTANT SURGEON	3	3	491.02	163.67	.000	163.67	.02
ANESTHESIOLOGIST	77	600	10,900.47	18.17	.026	141.56	.48
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	284	442	10,382.41	23.49	.019	36.56	.46
RADIOLOGY	1,052	1,615	46,280.31	28.66	.071	43.99	2.04
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

IMMUNIZATION AND INJECTION	67	207		5,853.73		28.28	.009		87.37		. 26
OTHER SERVICES/ALL X-OVERS	348	1,128		33,347.78		29.56	.050		95.83		1.47
@PHARMACY	5,904	15,745	\$	791,218.99	\$	50.25	.693	Ś	134.01	Ś	34.81
		14,568	Ψ	784,285.06	Ψ.	53.84	.641	Υ	133.52	Ψ.	34.50
SNE/ICE	4	15		289.35		19.29	.001		72.34		.01
OUTDATT THTC	E 072	14,553		783,995.71		53.87	.640		133.49		34.49
MEDICAL CUDDITEC	5,673	1,177		6,933.93		5.89	.052		70.04		.31
MEDICAL SUPPLIES	760	,	d		۲.			4		4	7.20
@DENTIST	768	3,956	\$	163,747.82	\$	41.39	.174	Ş	213.21	Ş	
VISITS - DIAGNOSTIC	508	2,354		35,750.50		15.19	.104		70.38		1.57
ORAL SURGERY	103	313		21,877.50		69.90	.014		212.40		.96
PRESCRIPTION DRUGS SNF/ICF OUTPATIENTS MEDICAL SUPPLIES @DENTIST VISITS - DIAGNOSTIC ORAL SURGERY DRUGS ANESTHESIA PERIODONTICS ENDODONTICS RESTORATIVE DENTISTRY	1.7	21		205.00		9.76	.001		12.06		.01
ANESTHESIA	8	8		800.00		100.00	.000		100.00		.04
PERIODONTICS	13	13		1,996.00		153.54	.001		153.54		.09
ENDODONTICS	100	210		32,769.00		156.04	.009		327.69		1.44
RESTORATIVE DENTISTRY	292	912		60,989.75		66.87	.040		208.87		2.68
PROSTHETICS	2	2		30.00		15.00	.000		15.00		.00
DENTURES, STAYPLATES	16	33		4,948.00		149.94	.001		309.25		.22
PROSTHETICS DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES	5	7		684.00		97.71	.000		136.80		.03
MAXILLOFACIAL SERVICES	2	2		148.07		74.04	.000		74.04		.01
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	46	50		3,400.00		68.00	.002		73.91		.15
ALL OTHER SERVICES	19	31		150.00		4.84	.001		7.89		.01
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITU	RES MO		EDOR'			DEC		D	AGE 870
MOP024	FEE-FOR-SERVICE		KLID 110	IVIII OI IZIII-IIIVI IC	.di Oit	1 1010 07110 2	1005 11110	рцс	2005	1.	01/29/04
AMADOR COUNTY		ICES FOR ALL FA	мтттгс								01/25/01
AMADON COUNTI	SUMMART OF SERV	ICES FOR ADD FA	MITHIES				M	חזידו	מדע אזידיםא	CF	
22,731 ELIGIBLES	USERS	UNITS OF SERVICE	Tr.	EXPENDITURES	7/17	ERAGE COST		-		_	COST PER
ZZ,751 EDIGIDDES	OBERD	OR DAYS OF CAR		EXFENDITORES		R UNIT/DAY			USER		ELIGIBLE
		OK DAIS OF CAK.	نا		اظاء	K ONTI/DAI	סונני אינים		02517		
@ODTOMETD T CT	3.00		Ġ	17 /10 12		25 05	031	Ġ	56 3/	Ġ	77
@OPTOMETRIST	309 214	695	\$	17,410.12	\$	25.05	.031	\$	56.34	\$.77
DIAGNOSTIC AND ANC. PROCED	214	695 215	\$	9,900.48		46.05	.009	\$	46.26	\$.44
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	214 151	695 215 426	\$	9,900.48 6,453.99		46.05 15.15	.009 .019	\$	46.26 42.74	\$.44
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	214 151 45	695 215 426 54	·	9,900.48 6,453.99 1,055.65	\$	46.05 15.15 19.55	.009 .019 .002		46.26 42.74 23.46		.44 .28 .05
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	214 151 45	695 215 426 54 32	\$	9,900.48 6,453.99 1,055.65 530.86		46.05 15.15 19.55 16.59	.009 .019 .002 .001		46.26 42.74 23.46 19.66		.44 .28 .05 .02
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	214 151 45	695 215 426 54 32 32	·	9,900.48 6,453.99 1,055.65 530.86 530.86	\$	46.05 15.15 19.55 16.59 16.59	.009 .019 .002 .001		46.26 42.74 23.46 19.66 19.66		.44 .28 .05 .02
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	214 151 45	695 215 426 54 32 32	\$	9,900.48 6,453.99 1,055.65 530.86 530.86	₹\$-	46.05 15.15 19.55 16.59 16.59	.009 .019 .002 .001 .001	\$	46.26 42.74 23.46 19.66 19.66	\$.44 .28 .05 .02 .02
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	214 151 45	695 215 426 54 32 32 0 37	·	9,900.48 6,453.99 1,055.65 530.86 530.86 .00 1,353.90	\$	46.05 15.15 19.55 16.59 16.59 .00 36.59	.009 .019 .002 .001 .001	\$	46.26 42.74 23.46 19.66 19.66 .00 48.35	\$.44 .28 .05 .02 .02 .00
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	214 151 45	695 215 426 54 32 32 0 37 23	\$	9,900.48 6,453.99 1,055.65 530.86 530.86 .00 1,353.90 925.80	₹\$-	46.05 15.15 19.55 16.59 16.59 .00 36.59 40.25	.009 .019 .002 .001 .001 .000	\$	46.26 42.74 23.46 19.66 19.66 .00 48.35 46.29	\$.44 .28 .05 .02 .02 .00 .06
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	214 151 45	695 215 426 54 32 32 0 37 23 11	\$	9,900.48 6,453.99 1,055.65 530.86 .00 1,353.90 925.80 372.10	₹\$-	46.05 15.15 19.55 16.59 16.59 .00 36.59 40.25 33.83	.009 .019 .002 .001 .001 .000 .002	\$	46.26 42.74 23.46 19.66 19.66 .00 48.35 46.29 46.51	\$.44 .28 .05 .02 .02 .00 .06 .04
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	214 151 45	695 215 426 54 32 32 0 37 23 11	\$	9,900.48 6,453.99 1,055.65 530.86 530.86 .00 1,353.90 925.80 372.10 34.60	₹\$-	46.05 15.15 19.55 16.59 16.59 .00 36.59 40.25 33.83 17.30	.009 .019 .002 .001 .001 .000 .002 .001	\$	46.26 42.74 23.46 19.66 19.66 .00 48.35 46.29 46.51 17.30	\$.44 .28 .05 .02 .02 .00 .06 .04 .02
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	214 151 45	695 215 426 54 32 32 0 37 23 11 2	\$	9,900.48 6,453.99 1,055.65 530.86 530.86 .00 1,353.90 925.80 372.10 34.60 21.40	₹\$-	46.05 15.15 19.55 16.59 16.59 .00 36.59 40.25 33.83 17.30 21.40	.009 .019 .002 .001 .001 .000 .002 .001 .000	\$	46.26 42.74 23.46 19.66 19.66 .00 48.35 46.29 46.51 17.30 21.40	\$5 \$5	.44 .28 .05 .02 .02 .00 .06 .04 .02 .00
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	214 151 45 27 27 0 28 20 8 2 1	695 215 426 54 32 32 0 37 23 11 2 1	\$ \$	9,900.48 6,453.99 1,055.65 530.86 530.86 .00 1,353.90 925.80 372.10 34.60	\$ \$ \$	46.05 15.15 19.55 16.59 16.59 .00 36.59 40.25 33.83 17.30	.009 .019 .002 .001 .001 .000 .002 .001	\$	46.26 42.74 23.46 19.66 19.66 .00 48.35 46.29 46.51 17.30	\$.44 .28 .05 .02 .02 .00 .06 .04 .02
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	214 151 45	695 215 426 54 32 32 0 37 23 11 2	\$	9,900.48 6,453.99 1,055.65 530.86 530.86 .00 1,353.90 925.80 372.10 34.60 21.40	\$ \$	46.05 15.15 19.55 16.59 16.59 .00 36.59 40.25 33.83 17.30 21.40	.009 .019 .002 .001 .001 .000 .002 .001 .000	\$ \$	46.26 42.74 23.46 19.66 19.66 .00 48.35 46.29 46.51 17.30 21.40	\$5 \$5	.44 .28 .05 .02 .02 .00 .06 .04 .02 .00
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY	214 151 45 27 27 0 28 20 8 2 1	695 215 426 54 32 32 0 37 23 11 2 1	\$ \$	9,900.48 6,453.99 1,055.65 530.86 530.86 .00 1,353.90 925.80 372.10 34.60 21.40 4,074.43	\$ \$ \$	46.05 15.15 19.55 16.59 16.59 .00 36.59 40.25 33.83 17.30 21.40 66.79	.009 .019 .002 .001 .001 .000 .002 .001 .000 .000	\$ \$	46.26 42.74 23.46 19.66 19.66 .00 48.35 46.29 46.51 17.30 21.40 339.54	·	.44 .28 .05 .02 .02 .00 .06 .04 .02 .00
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST	214 151 45 27 27 0 28 20 8 2 1 12 1	695 215 426 54 32 32 0 37 23 11 2 1 61 26	\$ \$	9,900.48 6,453.99 1,055.65 530.86 530.86 .00 1,353.90 925.80 372.10 34.60 21.40 4,074.43 396.16	\$\text{\$\text{\$\tau}\$} \text{\$\tau} \$\	46.05 15.15 19.55 16.59 16.59 .00 36.59 40.25 33.83 17.30 21.40 66.79 15.24	.009 .019 .002 .001 .001 .000 .002 .001 .000 .000	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	46.26 42.74 23.46 19.66 19.66 .00 48.35 46.29 46.51 17.30 21.40 339.54 396.16	O O O	.44 .28 .05 .02 .02 .00 .06 .04 .02 .00 .00
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	214 151 45 27 27 0 28 20 8 2 1 12 1	695 215 426 54 32 32 0 37 23 11 2 1 61 26 41	\$ \$	9,900.48 6,453.99 1,055.65 530.86 530.86 .00 1,353.90 925.80 372.10 34.60 21.40 4,074.43 396.16 1,417.84	\$ \$ \$ \$	46.05 15.15 19.55 16.59 16.59 .00 36.59 40.25 33.83 17.30 21.40 66.79 15.24 34.58	.009 .019 .002 .001 .000 .002 .001 .000 .000 .000	\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	46.26 42.74 23.46 19.66 19.66 .00 48.35 46.29 46.51 17.30 21.40 339.54 396.16 354.46	O O O	.44 .28 .05 .02 .00 .06 .04 .02 .00 .00 .18 .02
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE	214 151 45 27 27 0 28 20 8 2 1 12 1	695 215 426 54 32 32 0 37 23 11 2 1 61 26 41 0 7		9,900.48 6,453.99 1,055.65 530.86 530.86 .00 1,353.90 925.80 372.10 34.60 21.40 4,074.43 396.16 1,417.84 .00 165.50	<i>\alpha</i> \alpha	46.05 15.15 19.55 16.59 16.59 .00 36.59 40.25 33.83 17.30 21.40 66.79 15.24 34.58	.009 .019 .002 .001 .000 .002 .001 .000 .000 .003 .001	\$\tag{\alpha} \tag{\alpha} \tag	46.26 42.74 23.46 19.66 19.66 .00 48.35 46.29 46.51 17.30 21.40 339.54 396.16 354.46 .00	ው ው ው ው ው ው	.44 .28 .05 .02 .00 .06 .04 .02 .00 .00 .18 .02
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER	214 151 45 27 27 0 28 20 8 2 1 12 1	695 215 426 54 32 32 0 37 23 11 2 1 61 26 41		9,900.48 6,453.99 1,055.65 530.86 530.86 .00 1,353.90 925.80 372.10 34.60 21.40 4,074.43 396.16 1,417.84 .00 165.50	<i>\alpha</i> \alpha	46.05 15.15 19.55 16.59 16.59 .00 36.59 40.25 33.83 17.30 21.40 66.79 15.24 34.58 .00 23.64 116.00	.009 .019 .002 .001 .000 .002 .001 .000 .000 .000	\$\tag{\alpha} \tag{\alpha} \tag	46.26 42.74 23.46 19.66 19.66 .00 48.35 46.29 46.51 17.30 21.40 339.54 396.16 354.46 .00 82.75 489.50	ው ው ው ው ው ው	.44 .28 .05 .02 .00 .06 .04 .02 .00 .00 .18 .02 .06 .00
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL	214 151 45 27 27 0 28 20 8 2 1 12 1 4 0 2 3,348 189	695 215 426 54 32 32 0 37 23 11 2 1 61 26 41 0 7		9,900.48 6,453.99 1,055.65 530.86 530.86 .00 1,353.90 925.80 372.10 34.60 21.40 4,074.43 396.16 1,417.84 .00 165.50 1,638,852.00 1,233,364.12	<i>\alpha</i> \alpha	46.05 15.15 19.55 16.59 16.59 40.25 33.83 17.30 21.40 66.79 15.24 34.58 .00 23.64 116.00 1493.18	.009 .019 .002 .001 .001 .000 .002 .001 .000 .000	\$\tag{\alpha} \tag{\alpha} \tag	46.26 42.74 23.46 19.66 19.66 .00 48.35 46.29 46.51 17.30 21.40 339.54 396.16 354.46 .00 82.75 489.50 6525.74	ው ው ው ው ው ው	.44 .28 .05 .02 .00 .06 .04 .02 .00 .00 .18 .02 .06 .00
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL	214 151 45 27 27 0 28 20 8 2 1 12 1 4 0 2 3,348 189 70 125	695 215 426 54 32 32 0 37 23 11 2 1 61 26 41 0 7		9,900.48 6,453.99 1,055.65 530.86 530.86 0 0 1,353.90 925.80 372.10 34.60 21.40 4,074.43 396.16 1,417.84 00 165.50 1,638,852.00 1,233,364.12 419,900.77	<i>\alpha</i> \alpha	46.05 15.15 19.55 16.59 16.59 .00 36.59 40.25 33.83 17.30 21.40 66.79 15.24 34.58 .00 23.64 116.00 1493.18 1210.09	.009 .019 .002 .001 .001 .000 .002 .001 .000 .000	\$\tag{\alpha} \tag{\alpha} \tag	46.26 42.74 23.46 19.66 19.66 .00 48.35 46.29 46.51 17.30 21.40 339.54 396.16 354.46 .00 82.75 489.50 6525.74 5998.58	ው ው ው ው ው ው	.44 .28 .05 .02 .00 .00 .06 .04 .02 .00 .00 .18 .02 .06 .00 .01 72.10 54.26 18.47
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL	214 151 45 27 27 0 28 20 8 2 1 12 1 4 0 2 3,348 189 70 125	695 215 426 54 32 32 0 37 23 11 2 1 61 26 41 0 7 14,128 826 347 479		9,900.48 6,453.99 1,055.65 530.86 530.86 925.80 372.10 34.60 21.40 4,074.43 396.16 1,417.84 00 165.50 1,638,852.00 1,233,364.12 419,900.77 812,623.35	<i>\alpha</i> \alpha	46.05 15.15 19.55 16.59 16.59 .00 36.59 40.25 33.83 17.30 21.40 66.79 15.24 34.58 .00 23.64 116.00 1493.18 1210.09 1696.50	.009 .019 .002 .001 .001 .000 .000 .000 .000 .003 .001 .002 .000 .000 .000 .000	\$\tag{\alpha} \tag{\alpha} \tag	46.26 42.74 23.46 19.66 19.66 .00 48.35 46.29 46.51 17.30 21.40 339.54 396.16 354.46 .00 82.75 489.50 6525.74 5998.58 6500.99	ው ው ው ው ው ው	.44 .28 .05 .02 .02 .00 .06 .04 .02 .00 .00 .18 .02 .06 .00 .01 .72.10 .54.26 18.47 35.75
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL	214 151 45 27 27 0 28 20 8 2 1 12 1 4 0 2 3,348 189 70 125	695 215 426 54 32 32 0 37 23 11 2 1 61 26 41 0 7 14,128 826 347 479 479		9,900.48 6,453.99 1,055.65 530.86 530.86 .00 1,353.90 925.80 372.10 34.60 21.40 4,074.43 396.16 1,417.84 .00 165.50 1,638,852.00 1,233,364.12 419,900.77 812,623.35 249,065.51	<i>\alpha</i> \alpha	46.05 15.15 19.55 16.59 16.59 .00 36.59 40.25 33.83 17.30 21.40 66.79 15.24 34.58 .00 23.64 116.00 1493.18 1210.09 1696.50 519.97	.009 .019 .002 .001 .000 .002 .001 .000 .000 .003 .001 .002 .000 .000 .002	\$\tag{\alpha} \tag{\alpha} \tag	46.26 42.74 23.46 19.66 19.66 .00 48.35 46.29 46.51 17.30 21.40 339.54 396.16 354.46 .00 82.75 489.50 6525.74 5998.58 6500.99 2008.59	ው ው ው ው ው ው	.44 .28 .05 .02 .02 .00 .06 .04 .02 .00 .00 .18 .02 .06 .00 .01 .72.10 .54.26 18.47 35.75 10.96
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL	214 151 45 27 27 0 28 20 8 2 1 12 1 4 0 2 3,348 189 70 125	695 215 426 54 32 32 0 37 23 11 2 1 61 26 41 0 7 14,128 826 347 479 479		9,900.48 6,453.99 1,055.65 530.86 530.86 .00 1,353.90 925.80 372.10 34.60 21.40 4,074.43 396.16 1,417.84 .00 165.50 1,638,852.00 1,233,364.12 419,900.77 812,623.35 249,065.51 1,387.80	<i>\alpha</i> \alpha	46.05 15.15 19.55 16.59 16.59 .00 36.59 40.25 33.83 17.30 21.40 66.79 15.24 34.58 .00 23.64 116.00 1493.18 1210.09 1696.50 519.97 231.30	.009 .019 .002 .001 .000 .002 .001 .000 .000 .003 .001 .002 .000 .000 .022 .036 .015 .021	\$\tag{\alpha} \tag{\alpha} \tag	46.26 42.74 23.46 19.66 19.66 .00 48.35 46.51 17.30 21.40 339.54 396.16 354.46 .00 82.75 489.50 6525.74 598.58 6500.99 2008.59 693.90	ው ው ው ው ው ው	.44 .28 .05 .02 .00 .06 .04 .02 .00 .00 .18 .02 .06 .00 .01 .72.10 .54.26 18.47 35.75 10.96 .06
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL	214 151 45 27 27 0 28 20 8 2 1 12 1 4 0 2 3,348 189 70 125	695 215 426 54 32 32 0 37 23 11 2 1 61 26 41 0 7 14,128 826 347 479 479		9,900.48 6,453.99 1,055.65 530.86 530.86 .00 1,353.90 925.80 372.10 34.60 21.40 4,074.43 396.16 1,417.84 .00 165.50 1,638,852.00 1,233,364.12 419,900.77 812,623.35 249,065.51 1,387.80	<i>\alpha</i> \alpha	46.05 15.15 19.55 16.59 16.59 10.00 36.59 40.25 33.83 17.30 21.40 66.79 15.24 34.58 .00 23.64 116.00 1493.18 121.00 1696.50 519.97 231.30 .00	.009 .019 .002 .001 .000 .002 .001 .000 .000 .003 .001 .002 .000 .000 .022 .036 .015 .021 .021	\$\tag{\alpha} \tag{\alpha} \tag	46.26 42.74 23.46 19.66 19.66 .00 48.35 46.29 46.51 17.30 21.40 339.54 396.16 354.46 .00 82.75 489.50 6525.74 5998.58 6500.99 2008.59 693.90	ው ው ው ው ው ው	.44 .28 .05 .02 .02 .00 .06 .04 .02 .00 .18 .02 .06 .00 .01 .72.10 .54.26 18.47 35.75 10.96 .06
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL	214 151 45 27 27 0 28 20 8 2 1 12 1 4 0 2 3,348 189	695 215 426 54 32 32 0 37 23 11 2 1 61 26 41 0 7 14,128 826 347 479 479		9,900.48 6,453.99 1,055.65 530.86 530.86 .00 1,353.90 925.80 372.10 34.60 21.40 4,074.43 396.16 1,417.84 .00 165.50 1,638,852.00 1,233,364.12 419,900.77 812,623.35 249,065.51 1,387.80	<i>\alpha</i> \alpha	46.05 15.15 19.55 16.59 16.59 .00 36.59 40.25 33.83 17.30 21.40 66.79 15.24 34.58 .00 23.64 116.00 1493.18 1210.09 1696.50 519.97 231.30	.009 .019 .002 .001 .000 .002 .001 .000 .000 .003 .001 .002 .000 .000 .022 .036 .015 .021	\$\tag{\alpha} \tag{\alpha} \tag	46.26 42.74 23.46 19.66 19.66 .00 48.35 46.51 17.30 21.40 339.54 396.16 354.46 .00 82.75 489.50 6525.74 598.58 6500.99 2008.59 693.90	ው ው ው ው ው ው	.44 .28 .05 .02 .00 .06 .04 .02 .00 .00 .18 .02 .06 .00 .01 .72.10 54.26 18.47 35.75 10.96 .06

0

0

13,302

2,751

4,409

146

840.00

405,487.88

122,610.00

6,697.90

49,454.93

.00

.00

30.48

44.57

45.88

11.22

.00

.000

.000

.585

.121

.006

.194

840.00

.00

124.69

71.28

53.58

44.00

.04

.00

17.84

5.39

.29

2.18

INPATIENT CROSSOVERS

ALL OTHER INPATIENT

HOSP OUTPATIENT TOTAL

MEDICAL

SURGERY

PATHOLOGY

1

3,252

1,720

125

1,124

0

RADIOLOGY	892	1,248	84,413.79	67.64	.055	94.63	3.71
ROOM USE	1,959	2,754	107,187.54	38.92	.121	54.72	4.72
CROSSOVERS/ALL OTH OUTPTNT	848	1,994	35,123.72	17.61	.088	41.42	1.55
@COUNTY HOSPITAL TOTAL	28	108 \$	11,027.81	\$ 102.11	.005 \$		\$.49
CO HOSPITAL INPATIENT TOTAL	2	7	7,363.00	1051.86	.000 \$	3681.50	.32
HSC HOSPITALS	2	7		1051.86	.000	3681.50	
	2	0	7,363.00				.32
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	U	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	26	101	3,664.81	36.29	.004	140.95	.16
MEDICAL	13	14	368.30	26.31	.001	28.33	.02
SURGERY	4	6	265.19	44.20	.000	66.30	.01
PATHOLOGY	8	34	501.42	14.75	.001	62.68	.02
RADIOLOGY	5	6	228.09	38.02	.000	45.62	.01
ROOM USE	21	26	1,002.33	38.55	.001	47.73	.04
CROSSOVERS/ALL OTH OUTPTNT		15	1,299.48	86.63	.001	144.39	.06
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVI	CES AND EXPENDITURES MON	TH-OF-PAYMENT R	EPORT FOR JAN 2	003 THRU DEC	2 2003	PAGE 871
MOP024	FEE-FOR-SERVIC	E/DENTAL					01/29/04
AMADOR COUNTY	SUMMARY OF SER	VICES FOR ALL FAMILIES					
					MON'	THLY AVERAC	3E
22,731 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	JNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3,327	14,020 \$	1,627,824.19	\$ 116.11	.617 \$	489.28	\$ 71.61
COMM HOSP INPATIENT TOTAL	187	819	1,226,001.12	1496.95	.036	6556.16	53.94
HSC HOSPITALS	68	340	412,537.77	1213.35	.015	6066.73	18.15
NON-HSC HOSPITALS TOTAL	125	479	812,623.35	1696.50	.021	6500.99	35.75
ACCOMMODATIONS	124	479	249,065.51	519.97	.021	2008.59	10.96
ADMINISTRATIVE DAYS	2	6	1 200 00	001 00	.000	693.90	.06
TRANSITIONAL IP CARE		· ·	1,387.80	231.30			.00
	0	0	1,387.80	.00	.000	.00	.00
ALL OTHER ACCOM	0 122		.00	.00	.000	.00	
ALL OTHER ACCOM ANCILLARIES	-	0	.00 247,677.71				.00
ANCILLARIES	122	0 473	.00 247,677.71 563,557.84	.00 523.63 .00	.000 .021 .000	.00 2030.15	.00 10.90
ANCILLARIES INPATIENT CROSSOVERS	122 124	0 473 0	.00 247,677.71 563,557.84 840.00	.00 523.63	.000 .021	.00 2030.15 4544.82 840.00	.00 10.90 24.79
ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	122 124 1 0	0 473 0 0	.00 247,677.71 563,557.84 840.00 .00	.00 523.63 .00 .00	.000 .021 .000 .000	.00 2030.15 4544.82 840.00 .00	.00 10.90 24.79 .04 .00
ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	122 124 1 0 3,233	0 473 0 0 0 13,201	.00 247,677.71 563,557.84 840.00 .00 401,823.07	.00 523.63 .00 .00	.000 .021 .000 .000 .000	.00 2030.15 4544.82 840.00	.00 10.90 24.79 .04 .00 17.68
ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	122 124 1 0 3,233 1,709	0 473 0 0 0 0 13,201 2,737	.00 247,677.71 563,557.84 840.00 .00 401,823.07 122,241.70	.00 523.63 .00 .00 .00 30.44 44.66	.000 .021 .000 .000 .000 .581 .120	.00 2030.15 4544.82 840.00 .00 124.29 71.53	.00 10.90 24.79 .04 .00 17.68 5.38
ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY	122 124 1 0 3,233 1,709 121	0 473 0 0 0 13,201 2,737 140	.00 247,677.71 563,557.84 840.00 .00 401,823.07 122,241.70 6,432.71	.00 523.63 .00 .00 .00 30.44 44.66 45.95	.000 .021 .000 .000 .000 .581 .120	.00 2030.15 4544.82 840.00 .00 124.29 71.53 53.16	.00 10.90 24.79 .04 .00 17.68 5.38 .28
ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	122 124 1 0 3,233 1,709 121 1,117	0 473 0 0 0 13,201 2,737 140 4,375	.00 247,677.71 563,557.84 840.00 .00 401,823.07 122,241.70 6,432.71 48,953.51	.00 523.63 .00 .00 .00 .00 30.44 44.66 45.95 11.19	.000 .021 .000 .000 .000 .581 .120 .006	.00 2030.15 4544.82 840.00 .00 124.29 71.53 53.16 43.83	.00 10.90 24.79 .04 .00 17.68 5.38 .28 2.15
ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	122 124 1 0 3,233 1,709 121 1,117 888	0 473 0 0 0 13,201 2,737 140 4,375 1,242	.00 247,677.71 563,557.84 840.00 .00 401,823.07 122,241.70 6,432.71 48,953.51 84,185.70	.00 523.63 .00 .00 .00 .00 30.44 44.66 45.95 11.19 67.78	.000 .021 .000 .000 .000 .581 .120 .006 .192	.00 2030.15 4544.82 840.00 .00 124.29 71.53 53.16 43.83 94.80	.00 10.90 24.79 .04 .00 17.68 5.38 .28 2.15 3.70
ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	122 124 1 0 3,233 1,709 121 1,117 888 1,941	0 473 0 0 0 13,201 2,737 140 4,375 1,242 2,728	.00 247,677.71 563,557.84 840.00 .00 401,823.07 122,241.70 6,432.71 48,953.51 84,185.70 106,185.21	.00 523.63 .00 .00 .00 30.44 44.66 45.95 11.19 67.78 38.92	.000 .021 .000 .000 .000 .581 .120 .006 .192 .055	.00 2030.15 4544.82 840.00 .00 124.29 71.53 53.16 43.83 94.80 54.71	.00 10.90 24.79 .04 .00 17.68 5.38 .28 2.15 3.70 4.67
ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	122 124 1 0 3,233 1,709 121 1,117 888 1,941 841	0 473 0 0 0 13,201 2,737 140 4,375 1,242 2,728 1,979	.00 247,677.71 563,557.84 840.00 .00 401,823.07 122,241.70 6,432.71 48,953.51 84,185.70 106,185.21 33,824.24	.00 523.63 .00 .00 .00 30.44 44.66 45.95 11.19 67.78 38.92 17.09	.000 .021 .000 .000 .000 .581 .120 .006 .192 .055 .120	.00 2030.15 4544.82 840.00 .00 124.29 71.53 53.16 43.83 94.80 54.71 40.22	.00 10.90 24.79 .04 .00 17.68 5.38 .28 2.15 3.70 4.67 1.49
ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	122 124 1 0 3,233 1,709 121 1,117 888 1,941 841	0 473 0 0 0 13,201 2,737 140 4,375 1,242 2,728 1,979 0 \$.00 247,677.71 563,557.84 840.00 .00 401,823.07 122,241.70 6,432.71 48,953.51 84,185.70 106,185.21 33,824.24	.00 523.63 .00 .00 .00 30.44 44.66 45.95 11.19 67.78 38.92 17.09 \$.00	.000 .021 .000 .000 .000 .581 .120 .006 .192 .055 .120 .087	.00 2030.15 4544.82 840.00 .00 124.29 71.53 53.16 43.83 94.80 54.71 40.22 .00	.00 10.90 24.79 .04 .00 17.68 5.38 .28 2.15 3.70 4.67 1.49 \$.00
ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL	122 124 1 0 3,233 1,709 121 1,117 888 1,941 841	0 473 0 0 0 13,201 2,737 140 4,375 1,242 2,728 1,979 0 \$.00 247,677.71 563,557.84 840.00 .00 401,823.07 122,241.70 6,432.71 48,953.51 84,185.70 106,185.21 33,824.24 .00	.00 523.63 .00 .00 .00 30.44 44.66 45.95 11.19 67.78 38.92 17.09 \$.00 .00	.000 .021 .000 .000 .000 .581 .120 .006 .192 .055 .120 .087	.00 2030.15 4544.82 840.00 .00 124.29 71.53 53.16 43.83 94.80 54.71 40.22 .00 .00	.00 10.90 24.79 .04 .00 17.68 5.38 .28 2.15 3.70 4.67 1.49 \$.00 .00
ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	122 124 1 0 3,233 1,709 121 1,117 888 1,941 841	0 473 0 0 0 13,201 2,737 140 4,375 1,242 2,728 1,979 0 \$.00 247,677.71 563,557.84 840.00 .00 401,823.07 122,241.70 6,432.71 48,953.51 84,185.70 106,185.21 33,824.24 .00 .00	.00 523.63 .00 .00 .00 30.44 44.66 45.95 11.19 67.78 38.92 17.09 \$.00 .00	.000 .021 .000 .000 .000 .581 .120 .006 .192 .055 .120 .087 .000 \$.00 2030.15 4544.82 840.00 .00 124.29 71.53 53.16 43.83 94.80 54.71 40.22 .00 .00 .00	.00 10.90 24.79 .04 .00 17.68 5.38 .28 2.15 3.70 4.67 1.49 \$.00 .00
ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY	122 124 1 0 3,233 1,709 121 1,117 888 1,941 841	0 473 0 0 0 13,201 2,737 140 4,375 1,242 2,728 1,979 0 \$ 0 0	.00 247,677.71 563,557.84 840.00 .00 401,823.07 122,241.70 6,432.71 48,953.51 84,185.70 106,185.21 33,824.24 .00 .00 .00 9,392.10	.00 523.63 .00 .00 .00 30.44 44.66 45.95 11.19 67.78 38.92 17.09 \$.00 .00 .00 \$ 180.62	.000 .021 .000 .000 .000 .581 .120 .006 .192 .055 .120 .087 .000 \$.00 2030.15 4544.82 840.00 .00 124.29 71.53 53.16 43.83 94.80 54.71 40.22 .00 .00 .00 2348.03	.00 10.90 24.79 .04 .00 17.68 5.38 .28 2.15 3.70 4.67 1.49 \$.00 .00 .00
ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY LEV A-INTERMEDIATE	122 124 1 0 3,233 1,709 121 1,117 888 1,941 841	0 473 0 0 0 13,201 2,737 140 4,375 1,242 2,728 1,979 0 \$ 0 52 \$.00 247,677.71 563,557.84 840.00 .00 401,823.07 122,241.70 6,432.71 48,953.51 84,185.70 106,185.21 33,824.24 .00 .00 .00 9,392.10 .00	.00 523.63 .00 .00 .00 .00 30.44 44.66 45.95 11.19 67.78 38.92 17.09 \$.00 .00 \$ 180.62 .00	.000 .021 .000 .000 .000 .581 .120 .006 .192 .055 .120 .087 .000 \$.00 2030.15 4544.82 840.00 .00 124.29 71.53 53.16 43.83 94.80 54.71 40.22 .00 .00 2348.03 .00	.00 10.90 24.79 .04 .00 17.68 5.38 .28 2.15 3.70 4.67 1.49 \$.00 .00 .00 \$.41 .00
ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY LEV A-INTERMEDIATE LEV B-REHAB MD	122 124 1 0 3,233 1,709 121 1,117 888 1,941 841	0 473 0 0 0 13,201 2,737 140 4,375 1,242 2,728 1,979 0 0 52 \$ 0	.00 247,677.71 563,557.84 840.00 .00 401,823.07 122,241.70 6,432.71 48,953.51 84,185.70 106,185.21 33,824.24 .00 .00 9,392.10 .00 .00	.00 523.63 .00 .00 .00 .00 30.44 44.66 45.95 11.19 67.78 38.92 17.09 \$.00 .00 \$ 180.62 .00 .00	.000 .021 .000 .000 .000 .581 .120 .006 .192 .055 .120 .087 .000 \$.00 2030.15 4544.82 840.00 .00 124.29 71.53 53.16 43.83 94.80 54.71 40.22 .00 .00 2348.03 .00 .00	.00 10.90 24.79 .04 .00 17.68 5.38 .28 2.15 3.70 4.67 1.49 \$.00 .00 \$.00 \$.00 .00
ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY LEV A-INTERMEDIATE	122 124 1 0 3,233 1,709 121 1,117 888 1,941 841	0 473 0 0 0 13,201 2,737 140 4,375 1,242 2,728 1,979 0 \$ 0 52 \$.00 247,677.71 563,557.84 840.00 .00 401,823.07 122,241.70 6,432.71 48,953.51 84,185.70 106,185.21 33,824.24 .00 .00 .00 9,392.10 .00	.00 523.63 .00 .00 .00 .00 30.44 44.66 45.95 11.19 67.78 38.92 17.09 \$.00 .00 \$ 180.62 .00	.000 .021 .000 .000 .000 .581 .120 .006 .192 .055 .120 .087 .000 \$.00 2030.15 4544.82 840.00 .00 124.29 71.53 53.16 43.83 94.80 54.71 40.22 .00 .00 2348.03 .00	.00 10.90 24.79 .04 .00 17.68 5.38 .28 2.15 3.70 4.67 1.49 \$.00 .00 .00 \$.41 .00

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HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	3	11	\$	287.38	\$	26.13	.000	\$	95.79	\$.01
HOSPITAL BASED	3	11	•	287.38	•	26.13	.000	-	95.79	•	.01
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	551	1,740	\$	32,030.15	\$	18.41	.077	\$	58.13	\$	1.41
PATHOLOGY	550	1,739		31,985.52		18.39	.077		58.16		1.41
XO AND OTHERS	1	1		44.63		44.63	.000		44.63		.00
@ORGANIZED OUTPATIENT CLINIC	2,742	4,046	\$	675,440.43	\$	166.94	.178	\$	246.33	\$	29.71
CLINIC	47	148		5,248.77		35.46	.007		111.68		.23
SURGICENTER	21	163		5,114.96		31.38	.007		243.57		.23
HEROIN DETOX CLINIC	3	21		269.43		12.83	.001		89.81		.01
RURAL HEALTH CLINIC	2,678	3,714		664,807.27		179.00	.163		248.25		29.25
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITURE	S MON	TH-OF-PAYMENT I	REPORT	FOR JAN	2003 THRU	DEC	2003	PI	AGE 872
MOP024	FEE-FOR-SERVICE/	DENTAL									01/29/04
AMADOR COUNTY	SUMMARY OF SERVI	CES FOR ALL FAMI	LIES								
							M	IONT	HLY AVERA	GE -	
22,731 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVI	ERAGE COST	UNITS/DAY		COST PER	(COST PER
		OR DAYS OF CARE				R UNIT/DAY			USER	I	ELIGIBLE
@ALL OTHER PROVIDERS	1,395	/	\$	118,574.34			.579	\$	85.00	\$	5.22
DURABLE MED. EQUIP.	58	142		9,790.55			.006		168.80		.43
DI OOD DANK	^	^		0.0		0.0	000		0.0		0.0

22,731 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C	OST PER
		OR DAYS OF CAR	E		PER UNIT/DAY		USER		LIGIBLE
@ALL OTHER PROVIDERS	1,395	13,152	\$	118,574.34	\$ 9.02	.579	\$ 85.00	\$	5.22
DURABLE MED. EQUIP.	58	142		9,790.55	68.95	.006	168.80		.43
BLOOD BANK	0	0		.00	.00	.000	.00		.00
HEARING AID DISPENSERS	3	3		1,987.45	662.48	.000	662.48		.09
MEDICAL TRANSPORTATION	181	2,651		31,836.50	12.01	.117	175.89		1.40
AMBULANCES/AIR TRANS	179	2,611		26,334.57	10.09	.115	147.12		1.16
OTHER TRANS	1	8		75.80	9.48	.000	75.80		.00
OTHER SERVICES	3	32		5,426.13	169.57	.001	1808.71		.24
ACUPUNCTURE	1	1		27.03	27.03	.000	27.03		.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00		.00
GENETIC DISEASE TESTING	40	40		4,150.00	103.75	.002	103.75		.18
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00		.00
OPTICIAN	174	379		3,505.08	9.25	.017	20.14		.15
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00		.00
PORTABLE X-RAY	1	2		60.26	30.13	.000	60.26		.00
PROSTHETIST/ORTHOTISTS	13	37		3,688.88	99.70	.002	283.76		.16
PROSTHETICS	5	28		3,088.39	110.30	.001	617.68		.14
ORTHOTICS	8	9		600.49	66.72	.000	75.06		.03
PSYCHOLOGIST	0	0		.00	.00	.000	.00		.00
SPEECH AND AUDIOLOGY	3	6		277.72	46.29	.000	92.57		.01
HOSPICE SERVICES	0	0		.00	.00	.000	.00		.00
NONINST BIRTHING CENTERS	1	1		1,046.55	1046.55	.000	1046.55		.05
LOCAL EDUCATION AGENCIES	910	6,308		59,560.92	9.44	.278	65.45		2.62
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00		.00
ALL OTHER PROVIDERS	26	3,582		2,643.40	.74	.158	101.67		.12
@CALIF. CHILDREN SERVICES*	88	1,704	\$	189,517.12	\$ 111.22	.075	\$ 2153.60	\$	8.34
@XOVER EXCLUDING STATE HOSP**	32	118	\$	2,160.78	\$ 18.31	.005	\$ 67.52	\$.10

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 873
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
AMADOR COUNTY SUMMARY OF SERVICES FOR ALL MEDICALLY INDIGENT

							MOI	THLY AVERA	GE.	
1,020 ELIGIBLES	USERS	UNITS OF SERVICE	C	EXPENDITURES	AVER	AGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CAR	C		PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	508	11,997	\$	177,524.76	\$	14.80	11.762	349.46	\$	174.04
@PHYSICIANS SERVICES	152	329	\$	18,838.36	\$	57.26	.323	123.94	\$	18.47

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT VISITS	93	119		4,960.60	41.69	.117	53.34	4.86
OFFICE VISITS	69	81		2,574.59	31.79	.079	37.31	2.52
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	11	11		736.31	66.94	.011	66.94	.72
PREVENTIVE CARE	1	1		65.78	65.78	.001	65.78	.06
	11	22						
OB VISITS/COMPRE PERI				1,523.55	69.25	.022	138.50	1.49
OTHER OUTPATIENT	4	4		60.37	15.09	.004	15.09	.06
INPATIENT VISITS	16	25		1,503.06	60.12	.025	93.94	1.47
HOSPITAL VISITS	7	12		674.25	56.19	.012	96.32	.66
CRITICAL CARE	0	0		446.31	.00	.000	.00	.44
SNF/ICF/TRANS IP CARE	9	13		382.50	29.42	.013	42.50	.38
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
	0	32						
INPATIENT HOSPITAL SURGERY	9			6,834.92	213.59	.031	759.44	6.70
PRINCIPAL SURGEON	6	6		6,030.69	1005.12	.006	1005.12	5.91
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	3	26		804.23	30.93	.025	268.08	.79
OUTPATIENT SURGERY	12	30		1,120.09	37.34	.029	93.34	1.10
PRINCIPAL SURGEON	9	9		595.27	66.14	.009	66.14	.58
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	3	21		524.82	24.99	.021	174.94	.51
	0	0						
DIALYSIS				.00	.00	.000	.00	.00
PATHOLOGY	16	23		755.13	32.83	.023	47.20	.74
RADIOLOGY	32	56		1,500.89	26.80	.055	46.90	1.47
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	2	3		80.45	26.82	.003	40.23	.08
OTHER SERVICES/ALL X-OVERS	16	41		2,083.22	50.81	.040	130.20	2.04
@PHARMACY	237	1,079	\$	33,973.61	\$ 31.49	1.058	\$ 143.35	\$ 33.31
PRESCRIPTION DRUGS	232	497		33,177.15	66.75	.487	143.00	32.53
SNF/ICF	14	75		10,499.96	140.00	.074	750.00	10.29
OUTPATIENTS	218	422		22,677.19	53.74	.414	104.02	22.23
MEDICAL SUPPLIES	5	582		796.46	1.37	.571	159.29	.78
@DENTIST	35	169	\$	4,941.58	\$ 29.24		\$ 141.19	
	29	121	Ą		14.55	.119	60.71	1.73
VISITS - DIAGNOSTIC				1,760.50				
ORAL SURGERY	4	15		1,480.00	98.67	.015	370.00	1.45
DRUGS	3	4		90.00	22.50	.004	30.00	.09
ANESTHESIA	1	1		100.00	100.00	.001	100.00	.10
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	1	4		393.00	98.25	.004	393.00	.39
RESTORATIVE DENTISTRY	9	19		931.00	49.00	.019	103.44	.91
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	1	1		112.08	112.08	.001	112.08	.11
	1	1						
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	4		75.00	18.75	.004	75.00	.07
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	RES M	MONTH-OF-PAYMENT RI	EPORT FOR JAN	2003 THRU D	DEC 2003	PAGE 874
MOP024	FEE-FOR-SERVICE	/DENTAL						01/29/04
AMADOR COUNTY	SUMMARY OF SERV	ICES FOR ALL MED	DICAL	LLY INDIGENT				
						MC	NTHLY AVERA	GE
1,020 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AVERAGE COST	C UNITS/DAYS	COST PER	COST PER
,		OR DAYS OF CARE			PER UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST	9	24	\$	604.16	\$ 25.17	.024		
DIAGNOSTIC AND ANC. PROCED	8	8	٠٢	379.60	47.45	.008	47.45	.37
EYE APPLIANCES	5	14		192.94	13.78	.014	38.59	.19
	1	2		31.62	15.81	.002	31.62	.03
OTHER OPTOMETRIC SERVICES	_		۲.					
@CHIROPRACTOR	3	5	\$	83.60		.005		
VISITS	3	5		83.60	16.72	.005	27.87	.08

OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	145	549	\$ 44,226.23	\$ 80.56	.538	\$ 305.01	\$ 43.36
HOSP INPATIENT TOTAL	9	26	29,236.26	1124.47	.025	3248.47	28.66
HSC HOSPITALS	3	5	4,145.50	829.10	.005	1381.83	4.06
NON-HSC HOSPITAL TOTAL	6	21	25,090.76	1194.80	.021	4181.79	24.60
ACCOMMODATIONS	6	21	8,519.07	405.67	.021	1419.85	8.35

ADMINISTRATIVE DAYS	Ü	Ü	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	6	21	8,519.07	405.67	.021	1419.85	8.35
ANCILLARIES	6	0	16,571.69	.00	.000	2761.95	16.25
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
	0	0					
ALL OTHER INPATIENT			.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	140	523	14,989.97	28.66	.513	107.07	14.70
MEDICAL	73	105	3,986.90	37.97	.103	54.62	3.91
SURGERY	7	7	286.80	40.97	.007	40.97	.28
PATHOLOGY	52	206	2,174.45	10.56	.202	41.82	2.13
	33	51					
RADIOLOGY			3,647.32	71.52	.050	110.52	3.58
ROOM USE	69	90	3,660.95	40.68	.088	53.06	3.59
CROSSOVERS/ALL OTH OUTPTNT	33	64	1,233.55	19.27	.063	37.38	1.21
@COUNTY HOSPITAL TOTAL	3	18 \$	487.13	\$ 27.06	.018 \$		
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
	0						
HSC HOSPITALS	Ü	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	U	0					.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	2	18		27.06			
	3	18	487.13		.018	162.38	. 48
MEDICAL	2	3	57.87	19.29	.003	28.94	.06
SURGERY	2	2	66.55	33.28	.002	33.28	.07
PATHOLOGY	1	4	48.69	12.17	.004	48.69	.05
RADIOLOGY	1	2	72.82	36.41	.002	72.82	.07
	2	<u> </u>					
ROOM USE	2	5	181.80	36.36	.005	90.90	.18
CROSSOVERS/ALL OTH OUTPTNT	2	2	59.40	29.70	.002	29.70	.06
		2 ES AND EXPENDITURES MO					.06 PAGE 875
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES MO					PAGE 875
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE	ES AND EXPENDITURES MO // DENTAL	ONTH-OF-PAYMENT RE				
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE FEE-FOR-SERVICE	ES AND EXPENDITURES MO	ONTH-OF-PAYMENT RE		2003 THRU DE	C 2003	PAGE 875 01/29/04
#CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV	ES AND EXPENDITURES MODERNIAL TICES FOR ALL MEDICALI	ONTH-OF-PAYMENT RE LY INDIGENT	PORT FOR JAN 2	2003 THRU DE	C 2003 THLY AVERA	PAGE 875 01/29/04
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE	ES AND EXPENDITURES MODERNIAL TICES FOR ALL MEDICALIUNITS OF SERVICE	ONTH-OF-PAYMENT RE	PORT FOR JAN 2 AVERAGE COST	2003 THRU DE MON UNITS/DAYS	C 2003 THLY AVERA COST PER	PAGE 875 01/29/04 GE COST PER
#CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURES MODERNIAL TICES FOR ALL MEDICALI	ONTH-OF-PAYMENT RE LY INDIGENT	PORT FOR JAN 2	2003 THRU DE MON UNITS/DAYS	C 2003 THLY AVERA	PAGE 875 01/29/04
#CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 1,020 ELIGIBLES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURES MO DENTAL ICES FOR ALL MEDICALI UNITS OF SERVICE OR DAYS OF CARE	ONTH-OF-PAYMENT RE LY INDIGENT EXPENDITURES	PORT FOR JAN 2 AVERAGE COST PER UNIT/DAY	2003 THRU DE MON UNITS/DAYS PER ELIG	C 2003 THLY AVERA COST PER USER	PAGE 875 01/29/04 GE COST PER ELIGIBLE
#CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 1,020 ELIGIBLES @COMMUNITY HOSPITAL TOTAL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 142	ES AND EXPENDITURES MODERNAL TICES FOR ALL MEDICALION UNITS OF SERVICE OR DAYS OF CARE 531 \$	ONTH-OF-PAYMENT RE LY INDIGENT EXPENDITURES 43,739.10	AVERAGE COST PER UNIT/DAY \$ 82.37	2003 THRU DE MON UNITS/DAYS PER ELIG .521 \$	C 2003 THLY AVERA COST PER USER 308.02	PAGE 875 01/29/04 GE COST PER ELIGIBLE \$ 42.88
#CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 1,020 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURES MODERNAL TICES FOR ALL MEDICALION UNITS OF SERVICE OR DAYS OF CARE 531 \$ 26	ONTH-OF-PAYMENT RE LY INDIGENT EXPENDITURES 43,739.10 29,236.26	AVERAGE COST PER UNIT/DAY \$ 82.37 1124.47	2003 THRU DE MON UNITS/DAYS PER ELIG .521 \$.025	C 2003 THLY AVERA COST PER USER 308.02 3248.47	PAGE 875 01/29/04 GE COST PER ELIGIBLE \$ 42.88 28.66
#CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 1,020 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 142	ES AND EXPENDITURES MODERNIAL TICES FOR ALL MEDICALI UNITS OF SERVICE OR DAYS OF CARE 531 \$ 26 5	ONTH-OF-PAYMENT RE LY INDIGENT EXPENDITURES 43,739.10 29,236.26 4,145.50	AVERAGE COST PER UNIT/DAY \$ 82.37 1124.47 829.10	2003 THRU DE MON UNITS/DAYS PER ELIG .521 \$.025 .005	C 2003 THLY AVERA COST PER USER 308.02 3248.47 1381.83	PAGE 875 01/29/04 GE COST PER ELIGIBLE \$ 42.88 28.66 4.06
#CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 1,020 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 142	ES AND EXPENDITURES MODERNIAL TICES FOR ALL MEDICALI UNITS OF SERVICE OR DAYS OF CARE 531 \$ 26 5 21	ONTH-OF-PAYMENT RE LY INDIGENT EXPENDITURES 43,739.10 29,236.26 4,145.50 25,090.76	AVERAGE COST PER UNIT/DAY \$ 82.37 1124.47 829.10 1194.80	MON UNITS/DAYS PER ELIG .521 \$.025 .005 .021	C 2003 THLY AVERA COST PER USER 308.02 3248.47 1381.83 4181.79	PAGE 875 01/29/04 GE COST PER ELIGIBLE \$ 42.88 28.66 4.06 24.60
#CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 1,020 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 142	ES AND EXPENDITURES MODERNIAL TICES FOR ALL MEDICALI UNITS OF SERVICE OR DAYS OF CARE 531 \$ 26 5	ONTH-OF-PAYMENT RE LY INDIGENT EXPENDITURES 43,739.10 29,236.26 4,145.50 25,090.76	AVERAGE COST PER UNIT/DAY \$ 82.37 1124.47 829.10 1194.80	2003 THRU DE MON UNITS/DAYS PER ELIG .521 \$.025 .005	C 2003 THLY AVERA COST PER USER 308.02 3248.47 1381.83	PAGE 875 01/29/04 GE COST PER ELIGIBLE \$ 42.88 28.66 4.06
#CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 1,020 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 142	ES AND EXPENDITURES MODERNAL TICES FOR ALL MEDICALI UNITS OF SERVICE OR DAYS OF CARE 531 \$ 26 5 21 21	ONTH-OF-PAYMENT RE LY INDIGENT EXPENDITURES 43,739.10 29,236.26 4,145.50 25,090.76 8,519.07	AVERAGE COST PER UNIT/DAY \$ 82.37 1124.47 829.10 1194.80 405.67	MON UNITS/DAYS PER ELIG .521 \$.025 .005 .021 .021	C 2003 THLY AVERA COST PER USER 308.02 3248.47 1381.83 4181.79 1419.85	PAGE 875 01/29/04 GE
#CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 1,020 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 142 9 3 6 6 6	ES AND EXPENDITURES MODERNAL TICES FOR ALL MEDICALITY UNITS OF SERVICE OR DAYS OF CARE 531 \$ 26 5 21 21 21	ONTH-OF-PAYMENT RE LY INDIGENT EXPENDITURES 43,739.10 29,236.26 4,145.50 25,090.76 8,519.07 .00	AVERAGE COST PER UNIT/DAY \$ 82.37 1124.47 829.10 1194.80 405.67 .00	MON UNITS/DAYS PER ELIG .521 \$.025 .005 .021 .021 .000	C 2003 THLY AVERA COST PER USER 308.02 3248.47 1381.83 4181.79 1419.85 .00	PAGE 875 01/29/04 GE
#CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 1,020 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 142	TES AND EXPENDITURES MODERNAL TICES FOR ALL MEDICALITY UNITS OF SERVICE OR DAYS OF CARE 531 \$ 26 5 21 21 21 0	DNTH-OF-PAYMENT RELY INDIGENT EXPENDITURES 43,739.10 29,236.26 4,145.50 25,090.76 8,519.07 .00 .00	AVERAGE COST PER UNIT/DAY \$ 82.37 1124.47 829.10 1194.80 405.67 .00	MON UNITS/DAYS PER ELIG .521 \$.025 .005 .021 .021 .000 .000	C 2003 THLY AVERA COST PER USER 308.02 3248.47 1381.83 4181.79 1419.85 .00 .00	PAGE 875 01/29/04 GE
#CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 1,020 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 142 9 3 6 6 6	TES AND EXPENDITURES MODERNAL TICES FOR ALL MEDICALITY UNITS OF SERVICE OR DAYS OF CARE 531 \$ 26 5 21 21 21 0 0 0 21	DNTH-OF-PAYMENT RE LY INDIGENT EXPENDITURES 43,739.10 29,236.26 4,145.50 25,090.76 8,519.07 .00 .00 8,519.07	AVERAGE COST PER UNIT/DAY \$ 82.37 1124.47 829.10 1194.80 405.67 .00 .00	MON UNITS/DAYS PER ELIG .521 \$.025 .005 .021 .021 .000 .000 .021	C 2003 THLY AVERA COST PER USER 308.02 3248.47 1381.83 4181.79 1419.85	PAGE 875 01/29/04 GE
#CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 1,020 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 142 9 3 6 6 6	ES AND EXPENDITURES MODERNTAL TICES FOR ALL MEDICALI UNITS OF SERVICE OR DAYS OF CARE 531 \$ 26 5 21 21 0 0 21 0	DNTH-OF-PAYMENT RELY INDIGENT EXPENDITURES 43,739.10 29,236.26 4,145.50 25,090.76 8,519.07 .00 .00	AVERAGE COST PER UNIT/DAY \$ 82.37 1124.47 829.10 1194.80 405.67 .00	MON UNITS/DAYS PER ELIG .521 \$.025 .005 .021 .021 .000 .000	C 2003 THLY AVERA COST PER USER 308.02 3248.47 1381.83 4181.79 1419.85 .00 .00	PAGE 875 01/29/04 GE
#CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 1,020 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 142 9 3 6 6 6	ES AND EXPENDITURES MODERNTAL TICES FOR ALL MEDICALI UNITS OF SERVICE OR DAYS OF CARE 531 \$ 26 5 21 21 0 0 21 0	DNTH-OF-PAYMENT RE LY INDIGENT EXPENDITURES 43,739.10 29,236.26 4,145.50 25,090.76 8,519.07 .00 .00 8,519.07 16,571.69	AVERAGE COST PER UNIT/DAY \$ 82.37 1124.47 829.10 1194.80 405.67 .00 .00 405.67	MON UNITS/DAYS PER ELIG .521 \$.025 .005 .021 .021 .000 .000 .021	C 2003 THLY AVERA COST PER USER 308.02 3248.47 1381.83 4181.79 1419.85 .00 .00 1419.85 2761.95	PAGE 875 01/29/04 GE
#CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 1,020 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 142 9 3 6 6 0 0 0 6 6	ES AND EXPENDITURES MODERNAL TICES FOR ALL MEDICALI UNITS OF SERVICE OR DAYS OF CARE 531 \$ 26 5 21 21 0 0 0 21 0 0	DNTH-OF-PAYMENT RE LY INDIGENT EXPENDITURES 43,739.10 29,236.26 4,145.50 25,090.76 8,519.07 .00 .00 8,519.07 16,571.69 .00	AVERAGE COST PER UNIT/DAY \$ 82.37 1124.47 829.10 1194.80 405.67 .00 .00 405.67	2003 THRU DE MON UNITS/DAYS PER ELIG .521 \$.025 .005 .021 .021 .000 .000 .021 .000	C 2003 THLY AVERA COST PER USER 308.02 3248.47 1381.83 4181.79 1419.85 .00 .00 1419.85 2761.95	PAGE 875 01/29/04 GE COST PER ELIGIBLE \$ 42.88 28.66 4.06 24.60 8.35 .00 .00 8.35 16.25
#CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 1,020 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 142 9 3 6 6 0 0 0 6 6	ES AND EXPENDITURES MODERNAL TICES FOR ALL MEDICALI UNITS OF SERVICE OR DAYS OF CARE 531 \$ 26 5 21 21 0 0 1 0 0 0 1	DNTH-OF-PAYMENT RE LY INDIGENT EXPENDITURES 43,739.10 29,236.26 4,145.50 25,090.76 8,519.07 .00 .00 8,519.07 16,571.69 .00 .00	AVERAGE COST PER UNIT/DAY \$ 82.37 1124.47 829.10 1194.80 405.67 .00 .00 405.67 .00	2003 THRU DE MON UNITS/DAYS PER ELIG .521 \$.025 .005 .021 .021 .000 .000 .000 .000 .000	C 2003 THLY AVERA COST PER USER 308.02 3248.47 1381.83 4181.79 1419.85 .00 .00 1419.85 2761.95 .00 .00	PAGE 875 01/29/04 GE COST PER ELIGIBLE \$ 42.88 28.66 4.06 24.60 8.35 .00 .00 8.35 16.25 .00
#CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 1,020 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 142 9 3 6 6 0 0 0 137	ES AND EXPENDITURES MODERNAL TICES FOR ALL MEDICALI UNITS OF SERVICE OR DAYS OF CARE 531 \$ 26 5 21 21 0 0 21 0 0 505	DNTH-OF-PAYMENT RE LY INDIGENT EXPENDITURES 43,739.10 29,236.26 4,145.50 25,090.76 8,519.07 .00 .00 8,519.07 16,571.69 .00 .00 14,502.84	AVERAGE COST PER UNIT/DAY \$ 82.37 1124.47 829.10 1194.80 405.67 .00 .00 405.67 .00 .00 .00 .00 .28.72	MON UNITS/DAYS PER ELIG .521 \$.025 .005 .021 .021 .000 .000 .021 .000 .000 .000	C 2003 THLY AVERA COST PER USER 308.02 3248.47 1381.83 4181.79 1419.85 .00 .00 1419.85 2761.95 .00 .00 105.86	PAGE 875 01/29/04 GE
#CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 1,020 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 142 9 3 6 6 0 0 0 6 6	ES AND EXPENDITURES MODERNAL TICES FOR ALL MEDICALI UNITS OF SERVICE OR DAYS OF CARE 531 \$ 26 5 21 21 0 0 1 0 0 0 1	DNTH-OF-PAYMENT RE LY INDIGENT EXPENDITURES 43,739.10 29,236.26 4,145.50 25,090.76 8,519.07 .00 .00 8,519.07 16,571.69 .00 .00	AVERAGE COST PER UNIT/DAY \$ 82.37 1124.47 829.10 1194.80 405.67 .00 .00 405.67 .00	2003 THRU DE MON UNITS/DAYS PER ELIG .521 \$.025 .005 .021 .021 .000 .000 .000 .000 .000	C 2003 THLY AVERA COST PER USER 308.02 3248.47 1381.83 4181.79 1419.85 .00 .00 1419.85 2761.95 .00 .00	PAGE 875 01/29/04 GE
#CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 1,020 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 142 9 3 6 6 0 0 0 137	ES AND EXPENDITURES MODERNAL TICES FOR ALL MEDICALI UNITS OF SERVICE OR DAYS OF CARE 531 \$ 26 5 21 21 0 0 21 0 0 505	DNTH-OF-PAYMENT RE LY INDIGENT EXPENDITURES 43,739.10 29,236.26 4,145.50 25,090.76 8,519.07 .00 .00 8,519.07 16,571.69 .00 .00 14,502.84	AVERAGE COST PER UNIT/DAY \$ 82.37 1124.47 829.10 1194.80 405.67 .00 .00 405.67 .00 .00 .00 .00 .28.72	MON UNITS/DAYS PER ELIG .521 \$.025 .005 .021 .021 .000 .000 .021 .000 .000 .021	C 2003 THLY AVERA COST PER USER 308.02 3248.47 1381.83 4181.79 1419.85 .00 .00 1419.85 2761.95 .00 .00 105.86	PAGE 875 01/29/04 GE
#CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 1,020 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 142 9 3 6 6 6 0 0 0 6 6 6 0 0 137 71 5	ES AND EXPENDITURES MODERNAL TICES FOR ALL MEDICALI UNITS OF SERVICE OR DAYS OF CARE 531 \$ 26 5 21 21 0 0 0 21 0 0 505 102 5	DNTH-OF-PAYMENT RELY INDIGENT EXPENDITURES 43,739.10 29,236.26 4,145.50 25,090.76 8,519.07 .00 .00 8,519.07 16,571.69 .00 .00 14,502.84 3,929.03 220.25	AVERAGE COST PER UNIT/DAY \$ 82.37 1124.47 829.10 1194.80 405.67 .00 .00 405.67 .00 .00 28.72 38.52 44.05	MON UNITS/DAYS PER ELIG .521 \$.025 .005 .021 .021 .000 .000 .021 .000 .000 .000	C 2003 THLY AVERA COST PER USER 308.02 3248.47 1381.83 4181.79 1419.85 .00 .00 1419.85 2761.95 .00 .00 105.86 55.34 44.05	PAGE 875 01/29/04 GE
#CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 1,020 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 142 9 3 6 6 0 0 0 137 71 5 51	ES AND EXPENDITURES MODERNAL TICES FOR ALL MEDICALI UNITS OF SERVICE OR DAYS OF CARE 531 \$ 26 5 21 21 0 0 0 21 0 0 505 102 5 202	DNTH-OF-PAYMENT RELY INDIGENT EXPENDITURES 43,739.10 29,236.26 4,145.50 25,090.76 8,519.07 .00 .00 8,519.07 16,571.69 .00 .00 14,502.84 3,929.03 220.25 2,125.76	AVERAGE COST PER UNIT/DAY \$ 82.37 1124.47 829.10 1194.80 405.67 .00 .00 405.67 .00 .00 .00 28.72 38.52 44.05 10.52	MON UNITS/DAYS PER ELIG .521 \$.025 .005 .021 .021 .000 .000 .021 .000 .000 .000	C 2003 THLY AVERA COST PER USER 308.02 3248.47 1381.83 4181.79 1419.85 .00 .00 1419.85 2761.95 .00 105.86 55.34 44.05 41.68	PAGE 875 01/29/04 GE
#CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 1,020 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 142 9 3 6 6 0 0 0 137 71 5 51	TES AND EXPENDITURES MODERNAL TOTAL	DNTH-OF-PAYMENT RELY INDIGENT EXPENDITURES 43,739.10 29,236.26 4,145.50 25,090.76 8,519.07 .00 .00 8,519.07 16,571.69 .00 .00 14,502.84 3,929.03 220.25 2,125.76 3,574.50	AVERAGE COST PER UNIT/DAY \$ 82.37 1124.47 829.10 1194.80 405.67 .00 .00 405.67 .00 .00 28.72 38.52 44.05 10.52 72.95	MON UNITS/DAYS PER ELIG .521 \$.025 .005 .021 .021 .000 .000 .000 .000 .000 .000	C 2003 THLY AVERA COST PER USER 308.02 3248.47 1381.83 4181.79 1419.85 .00 .00 1419.85 2761.95 .00 .00 1055.86 55.34 44.05 41.68 111.70	PAGE 875 01/29/04 GE
#CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 1,020 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 142 9 3 6 6 0 0 0 137 71 5 51 32 67	TES AND EXPENDITURES MODERNAL TOTAL	DNTH-OF-PAYMENT RELY INDIGENT EXPENDITURES 43,739.10 29,236.26 4,145.50 25,090.76 8,519.07 .00 .00 8,519.07 16,571.69 .00 .00 14,502.84 3,929.03 220.25 2,125.76 3,574.50 3,479.15	AVERAGE COST PER UNIT/DAY \$ 82.37 1124.47 829.10 1194.80 405.67 .00 .00 405.67 .00 .00 28.72 38.52 44.05 10.52 72.95 40.93	MON UNITS/DAYS PER ELIG .521 \$.025 .005 .021 .021 .000 .000 .000 .000 .000 .000	C 2003 THLY AVERA COST PER USER 308.02 3248.47 1381.83 4181.79 1419.85 .00 .00 1419.85 2761.95 .00 .00 105.86 55.34 44.05 41.68 111.70 51.93	PAGE 875 01/29/04 GE
#CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 1,020 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVI USERS 142 9 3 6 6 0 0 0 137 71 5 51 32 67 31	TES AND EXPENDITURES MODERNTAL TICES FOR ALL MEDICALI UNITS OF SERVICE OR DAYS OF CARE 531 \$ 26 5 21 21 0 0 0 0 21 0 0 505 102 5 202 49 85 62	DNTH-OF-PAYMENT RELY INDIGENT EXPENDITURES 43,739.10 29,236.26 4,145.50 25,090.76 8,519.07 .00 .00 8,519.07 16,571.69 .00 .00 14,502.84 3,929.03 220.25 2,125.76 3,574.50	AVERAGE COST PER UNIT/DAY \$ 82.37 1124.47 829.10 1194.80 405.67 .00 .00 405.67 .00 .00 28.72 38.52 44.05 10.52 72.95 40.93 18.94	2003 THRU DE MON UNITS/DAYS PER ELIG .521 \$.025 .005 .021 .021 .000 .000 .000 .000 .000 .000	C 2003 THLY AVERA COST PER USER 308.02 3248.47 1381.83 4181.79 1419.85 .00 .00 1419.85 2761.95 .00 .00 105.86 55.34 44.05 41.68 111.70 51.93 37.88	PAGE 875 01/29/04 GE COST PER ELIGIBLE \$ 42.88 28.66 4.06 24.60 8.35 .00 .00 .00 8.35 16.25 .00 .00 .00 14.22 3.85 .22 2.08 3.50 3.41 1.15
#CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 1,020 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 142 9 3 6 6 0 0 0 137 71 5 51 32 67	TES AND EXPENDITURES MODERNAL TOTAL	DNTH-OF-PAYMENT RELY INDIGENT EXPENDITURES 43,739.10 29,236.26 4,145.50 25,090.76 8,519.07 .00 .00 8,519.07 16,571.69 .00 .00 14,502.84 3,929.03 220.25 2,125.76 3,574.50 3,479.15	AVERAGE COST PER UNIT/DAY \$ 82.37 1124.47 829.10 1194.80 405.67 .00 .00 405.67 .00 .00 28.72 38.52 44.05 10.52 72.95 40.93	2003 THRU DE MON UNITS/DAYS PER ELIG .521 \$.025 .005 .021 .021 .000 .000 .000 .000 .000 .000	C 2003 THLY AVERA COST PER USER 308.02 3248.47 1381.83 4181.79 1419.85 .00 .00 1419.85 2761.95 .00 .00 105.86 55.34 44.05 41.68 111.70 51.93 37.88	PAGE 875 01/29/04 GE
#CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 1,020 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVI USERS 142 9 3 6 6 0 0 0 137 71 5 51 32 67 31 0	ES AND EXPENDITURES MODERNTAL TICES FOR ALL MEDICALI UNITS OF SERVICE OR DAYS OF CARE 531 \$ 26 5 21 21 21 0 0 0 0 21 0 0 21 21 21 0 0 0 8505 102 5 202 49 85 62 0 \$	DNTH-OF-PAYMENT RELY INDIGENT EXPENDITURES 43,739.10 29,236.26 4,145.50 25,090.76 8,519.07 .00 .00 8,519.07 16,571.69 .00 .00 14,502.84 3,929.03 220.25 2,125.76 3,574.50 3,479.15 1,174.15 .00	AVERAGE COST PER UNIT/DAY \$ 82.37 1124.47 829.10 1194.80 405.67 .00 .00 405.67 .00 .00 28.72 38.52 44.05 10.52 72.95 40.93 18.94 \$.00	MON UNITS/DAYS PER ELIG .521 \$.025 .005 .021 .021 .000 .000 .000 .000 .000 .000	C 2003 THLY AVERA COST PER USER 308.02 3248.47 1381.83 4181.79 1419.85 .00 .00 1419.85 2761.95 .00 .00 105.86 55.34 44.05 41.68 111.70 51.93 37.88 .00	PAGE 875 01/29/04 GE
#CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 1,020 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 142 9 3 6 6 0 0 0 137 71 5 51 32 67 31 0 0	TES AND EXPENDITURES MODERNTAL TICES FOR ALL MEDICALI UNITS OF SERVICE OR DAYS OF CARE 531 \$ 26 5 21 21 0 0 0 21 1 0 0 505 102 5 202 49 85 62 0 \$ 0 \$	DNTH-OF-PAYMENT RELY INDIGENT EXPENDITURES 43,739.10 29,236.26 4,145.50 25,090.76 8,519.07 .00 .00 8,519.07 16,571.69 .00 .00 14,502.84 3,929.03 220.25 2,125.76 3,574.50 3,479.15 1,174.15 .00 .00	AVERAGE COST PER UNIT/DAY \$ 82.37 1124.47 829.10 1194.80 405.67 .00 .00 405.67 .00 .00 28.72 38.52 44.05 10.52 72.95 40.93 18.94 \$.00 .00	MON UNITS/DAYS PER ELIG .521 \$.025 .005 .021 .021 .000 .000 .021 .000 .000 .000	C 2003 THLY AVERA COST PER USER 308.02 3248.47 1381.83 4181.79 1419.85 .00 .00 1419.85 2761.95 .00 .00 105.86 55.34 44.05 41.68 111.70 51.93 37.88 .00 .00	PAGE 875 01/29/04 GE
#CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 1,020 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 142 9 3 6 6 0 0 137 71 5 51 32 67 31 0 0 0	TES AND EXPENDITURES MODERNTAL TICES FOR ALL MEDICALI UNITS OF SERVICE OR DAYS OF CARE 531 \$ 26 5 21 21 0 0 0 21 0 0 505 102 5 202 49 85 62 0 0 0	DNTH-OF-PAYMENT RELY INDIGENT EXPENDITURES 43,739.10 29,236.26 4,145.50 25,090.76 8,519.07 .00 .00 8,519.07 16,571.69 .00 .00 14,502.84 3,929.03 220.25 2,125.76 3,574.50 3,479.15 1,174.15 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ 82.37 1124.47 829.10 1194.80 405.67 .00 .00 405.67 .00 .00 28.72 38.52 44.05 10.52 72.95 40.93 18.94 \$.00 .00 .00	MON UNITS/DAYS PER ELIG .521 \$.025 .005 .021 .021 .000 .000 .021 .000 .000 .000	C 2003 THLY AVERA COST PER USER 308.02 3248.47 1381.83 4181.79 1419.85 .00 .00 1419.85 2761.95 .00 .00 105.86 55.34 44.05 41.68 111.70 51.93 37.88 .00 .00 .00	PAGE 875 01/29/04 GE
#CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 1,020 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 142 9 3 6 6 0 0 137 71 5 51 32 67 31 0 0 0 15	TES AND EXPENDITURES MODERNIAL TOPICAL STATE OF SERVICE OR DAYS OF CARE 531 \$ 26 5 21 21 0 0 0 21 0 0 505 102 5 202 49 85 62 0 \$ 0 0 462 \$	DNTH-OF-PAYMENT RELY INDIGENT EXPENDITURES 43,739.10 29,236.26 4,145.50 25,090.76 8,519.07 .00 .00 8,519.07 16,571.69 .00 .00 14,502.84 3,929.03 220.25 2,125.76 3,574.50 3,479.15 1,174.15 .00 .00 .00 38,400.18	AVERAGE COST PER UNIT/DAY \$ 82.37 1124.47 829.10 1194.80 405.67 .00 .00 .00 .00 28.72 38.52 44.05 10.52 72.95 40.93 18.94 \$.00 .00 \$ 83.12	MON UNITS/DAYS PER ELIG .521 \$.025 .005 .021 .021 .000 .000 .000 .000 .000 .000	C 2003 THLY AVERA COST PER USER 308.02 3248.47 1381.83 4181.79 1419.85 .00 .00 1419.85 .00 .00 105.86 55.34 44.05 41.68 111.70 51.93 37.88 .00 .00 .00 .00 2560.01	PAGE 875 01/29/04 GE COST PER ELIGIBLE \$ 42.88 28.66 4.06 24.60 8.35 .00 .00 8.35 16.25 .00 .00 14.22 3.85 .22 2.08 3.50 3.41 1.15 \$.00 .00 \$ 37.65
#CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 1,020 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 142 9 3 6 6 0 0 137 71 5 51 32 67 31 0 0 0	TES AND EXPENDITURES MODERNTAL TICES FOR ALL MEDICALI UNITS OF SERVICE OR DAYS OF CARE 531 \$ 26 5 21 21 0 0 0 21 0 0 505 102 5 202 49 85 62 0 0 0	DNTH-OF-PAYMENT RELY INDIGENT EXPENDITURES 43,739.10 29,236.26 4,145.50 25,090.76 8,519.07 .00 .00 8,519.07 16,571.69 .00 .00 14,502.84 3,929.03 220.25 2,125.76 3,574.50 3,479.15 1,174.15 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ 82.37 1124.47 829.10 1194.80 405.67 .00 .00 405.67 .00 .00 28.72 38.52 44.05 10.52 72.95 40.93 18.94 \$.00 .00 .00	MON UNITS/DAYS PER ELIG .521 \$.025 .005 .021 .021 .000 .000 .021 .000 .000 .000	C 2003 THLY AVERA COST PER USER 308.02 3248.47 1381.83 4181.79 1419.85 .00 .00 1419.85 2761.95 .00 .00 105.86 55.34 44.05 41.68 111.70 51.93 37.88 .00 .00 .00	PAGE 875 01/29/04 GE

ADMINISTRATIVE DAYS

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	•	•		0.0		0.0	0.00		0.0		0.0
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	15	462		38,400.18		83.12	.453		2560.01		37.65
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	26	81	\$	1,427.77	\$	17.63	.079	\$	54.91	\$	1.40
PATHOLOGY	26	81		1,427.77		17.63	.079		54.91		1.40
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	88	133	\$	20,209.71	\$	151.95	.130	\$	229.66	\$	19.81
CLINIC	5	10		115.13		11.51	.010		23.03		.11
SURGICENTER	2	12		462.42		38.54	.012		231.21		.45
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	81	111		19,632.16		176.87	.109		242.37		19.25
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURE	ES MOI	NTH-OF-PAYMENT F	REPORT	' FOR JAN	2003 THRU	DEC	2003	PA	GE 876
MOP024	FEE-FOR-SERVICE/DENTA	L									01/29/04

SUMMARY OF SERVICES FOR ALL MEDICALLY INDIGENT

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

AMADOR COUNTY

----- MONTHLY AVERAGE -----1,020 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 14,819.56 @ALL OTHER PROVIDERS 9,166 1.62 8.986 \$ 264.64 \$ 14.53 DURABLE MED. EQUIP. 3 229.60 76.53 .003 114.80 .23 .00 BLOOD BANK 0 .00 .000 .00 .00 .00 .000 .00 HEARING AID DISPENSERS .00 .00 MEDICAL TRANSPORTATION 59 1,100.06 18.65 110.01 .058 1.08 AMBULANCES/AIR TRANS 10 59 1,100.06 18.65 .058 110.01 1.08 OTHER TRANS .00 .00 .000 .00 .00 OTHER SERVICES .00 .00 .00 .000 .00 ACUPUNCTURE .00 .00 .000 .00 .00 ADULT DAY HEALTH CARE CTR .00 .00 .000 .00 .00 105.00 315.00 .003 105.00 GENETIC DISEASE TESTING .31 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .00 .000 .00 .00 OCCUPATIONAL THERAPIST .00 .00 .000 .00 .00 OPTICIAN 118.96 8.50 .014 16.99 .12 PHYSICAL THERAPIST .00 .00 .000 .00 .00 .000 PORTABLE X-RAY .00 .00 .00 .00 96.50 96.50 .001 96.50 .09 PROSTHETIST/ORTHOTISTS .00 .000 .00 PROSTHETICS .00 ORTHOTICS 96.50 96.50 .001 96.50 .09 .00 .00 .00 .00 PSYCHOLOGIST .000 SPEECH AND AUDIOLOGY .00 .00 .000 .00 .00 HOSPICE SERVICES .00 .000 .00 .00 NONINST BIRTHING CENTERS 0 .00 .00 .000 .00 .00 LOCAL EDUCATION AGENCIES 970 7,259.87 7.48 315.65 7.12 .951 EPSDT SUPPLEMENTAL SERVICE .00 .00 .000 .00 .00 .000 RESPIRATORY CARE PRACT. .00 .00 .00 .00 .00 .000 PED SUBACUTE REHAB/WEANING .00 .00 ALL OTHER PROVIDERS 8,116 5,699.57 .70 7.957 356.22 5.59 16 .059 @CALIF. CHILDREN SERVICES* 5,129.10 85.49 284.95 \$ 5.03 @XOVER EXCLUDING STATE HOSP** 0 0 .00 .00 .000 \$.00 \$.00

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 877 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 AMADOR COUNTY SUMMARY OF SERVICES FOR RENAL DIALYSIS AID CODES 71

			-		MON'	THLY AVERAG	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	\$.00
@PHYSICIANS SERVICES	0	0 \$.00	\$.00	.000 \$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	Ô	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	Ô	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$.00	\$.00	.000 \$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000 \$.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
VISITS - DIAGNOSTIC	0	0 \$.00	.00	.000 \$.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0					
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0			.000		
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	U	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	•	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	· ·	.00	.00	.000	.00	.00
ALL OTHER SERVICES	O MEDI CAI CEDIT	OEG AND EXPENDIBLES MON	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVI	CES AND EXPENDITURES MON	ITH-OF-PAYMENT, KE	PORT FOR JAN 2	OUS THEO DE	_ ∠∪∪3	PAGE 878

#CALIF DEPT OF HEALTH SERV MEDI-CA MOP024 FEE-FOR

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 FEE-FOR-SERVICE/DENTAL

01/29/04

SUMMARY OF SERVICES FOR RENAL DIALYSIS

AMADOR COUNTY

AID CODES 71

AMADOR COUNTY	SUMMARY OF SERVICES FO	R RENAL D	IALYSIS		AID CODE:				
						MONT			
00 ELIGIBLES		OF SERVICE		EXPENDITURES		r UNITS/DAYS		(COST PER
	OR DA	YS OF CARE			PER UNIT/DAY	Y PER ELIG	USER	I	ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000 \$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00		.00
EYE APPLIANCES	0	0		.00	.00	.000	.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00		.00
@CHIROPRACTOR	0	Ő	\$.00	\$.00	.000 \$		\$.00
VISITS	0	0	¥	.00	.00	.000	.00	Y	.00
	0	0		.00	.00	.000	.00		.00
OTHER SERVICES	0	~	à					4	
@PODIATRIST	0	0	\$.00	\$.00	.000 \$		\$.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00		.00
SURGERY/ANES.	0	0		.00	.00	.000	.00		.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00		.00
OTHER	0	0		.00	.00	.000	.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000 \$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000 \$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000 \$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	S	.00	\$.00	.000 \$		\$.00
FAMILY NURSE PRACTITIONER	0	0	Š	.00	\$.00	.000 \$		\$.00
@TOTAL HOSPITAL	0	ñ	Š	.00	\$.00	.000 \$		Š	.00
HOSP INPATIENT TOTAL	0	n	Ψ	.00	.00	.000	.00	٧	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
	0	0							
NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	Ô		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
	0	0							
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	4	.00	.00	.000	.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	Ô		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
	0	0							
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
MEDICAL	Ü	U		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITUR	ES MONT					PΑ	AGE 879
MOP024	FEE-FOR-SERVICE/DENTAL							_	01/29/04
AMADOD COUNTY	CIMMADY OF CEDVICES ES		TATVCTC		AID CODE	2 71			,, 51

					MON	THLY AVERA	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000 \$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00

SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
	0	-									
CROSSOVERS/ALL OTH OUTPTNT	U	0		.00		.00	.000		.00		.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	•	.00	•	.00	.000		.00	-	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		
LEV B-SUBACUTE HSPTL BASED	0	0									.00
LEV B-TRANSITIONAL IP CARE	U	U		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00	_	.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00		\$.00	\$.00
HOSPITAL BASED	0	Õ	٧	.00	٧	.00	.000	Y	.00	Y	.00
	0										
HEMODIALYSIS CENTER	0	0	4	.00	4	.00	.000		.00	4	.00
@REHABILITATION FACILITY	U	0	\$.00	\$.00		\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00		\$.00	Ś	.00
001101111111111111111111111111111111111	•	•			~			~		~	
CLINIC	0	0		0.0		0.0	000		0.0		()()
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
SURGICENTER HEROIN DETOX CLINIC	0 0 0	0		.00		.00	.000		.00		.00
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC	0 0 0 0	0 0 0		.00 .00 .00		.00 .00 .00	.000 .000 .000		.00 .00 .00		.00 .00 .00
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	0 0 0 0 ES AND EXPENDITUR	RES MON	.00 .00 .00	EPOR'	.00 .00 .00	.000 .000 .000	DEC	.00 .00 .00	P <i>I</i>	.00 .00 .00 AGE 880
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE	0 0 0 0 ES AND EXPENDITUR /DENTAL	RES MON	.00 .00 .00	EPOR'	.00 .00 .00	.000 .000 .000	DEC	.00 .00 .00	P <i>I</i>	.00 .00 .00
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	0 0 0 0 ES AND EXPENDITUR /DENTAL		.00 .00 .00 TH-OF-PAYMENT RI	EPOR'	.00 .00 .00	.000 .000 .000 2003 THRU	DEC	.00 .00 .00	P <i>I</i>	.00 .00 .00 AGE 880
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE	0 0 0 0 ES AND EXPENDITUR /DENTAL		.00 .00 .00 TH-OF-PAYMENT RI	EPOR'	.00 .00 .00 T FOR JAN 2	.000 .000 .000 2003 THRU		.00 .00 .00 2003		.00 .00 .00 AGE 880
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV	0 0 0 0 ES AND EXPENDITUR /DENTAL ICES FOR RENAL I	DIALYSI	.00 .00 .00 TH-OF-PAYMENT RI		.00 .00 .00 I FOR JAN 2	.000 .000 .000 2003 THRU 1	ONT	.00 .00 .00 2003	GE -	.00 .00 .00 AGE 880 01/29/04
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE	0 0 0 0 ES AND EXPENDITUR /DENTAL ICES FOR RENAL I	DIALYSI E	.00 .00 .00 TH-OF-PAYMENT RI	AV.	.00 .00 .00 I FOR JAN 2 AID CODES ERAGE COST	.000 .000 .000 2003 THRU : 71 M	ONT	.00 .00 .00 2003 HLY AVERA	GE -	.00 .00 .00 AGE 880 01/29/04
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 00 ELIGIBLES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	O O O O ES AND EXPENDITUR / DENTAL ICES FOR RENAL I UNITS OF SERVICE OR DAYS OF CARE	DIALYSI E	.00 .00 .00 TH-OF-PAYMENT RI S EXPENDITURES	AV.	.00 .00 .00 I FOR JAN 2 AID CODES ERAGE COST R UNIT/DAY	.000 .000 .000 2003 THRU: 71 M UNITS/DAY: PER ELIG	ONT:	.00 .00 .00 2003 HLY AVERA COST PER USER	GE - (.00 .00 .00 AGE 880 01/29/04 COST PER ELIGIBLE
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	0 0 0 0 ES AND EXPENDITURE / DENTAL ICES FOR RENAL I UNITS OF SERVICE OR DAYS OF CARE	DIALYSI E	.00 .00 .00 TH-OF-PAYMENT RI S EXPENDITURES .00	AV.	.00 .00 .00 I FOR JAN 2 AID CODES ERAGE COST R UNIT/DAY .00	.000 .000 .000 2003 THRU: 71 M UNITS/DAY PER ELIG .000	ONT:	.00 .00 .00 2003 HLY AVERA COST PER USER .00	GE -	.00 .00 .00 AGE 880 01/29/04 COST PER ELIGIBLE .00
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP.	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	O O O O ES AND EXPENDITUR /DENTAL ICES FOR RENAL I UNITS OF SERVICE OR DAYS OF CARR O O O	DIALYSI E	.00 .00 .00 TH-OF-PAYMENT RI S EXPENDITURES .00 .00	AV.	.00 .00 .00 I FOR JAN 2 AID CODES ERAGE COST R UNIT/DAY .00 .00	.000 .000 .000 2003 THRU 1 71 M UNITS/DAY PER ELIG .000 .000	ONT:	.00 .00 .00 2003 HLY AVERA COST PER USER .00 .00	GE - (.00 .00 .00 AGE 880 01/29/04 COST PER ELIGIBLE .00 .00
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	0 0 0 0 ES AND EXPENDITURE / DENTAL ICES FOR RENAL I UNITS OF SERVICE OR DAYS OF CARE	DIALYSI E	.00 .00 .00 TH-OF-PAYMENT RI S EXPENDITURES .00 .00	AV.	.00 .00 .00 T FOR JAN 2 AID CODES ERAGE COST R UNIT/DAY .00 .00	.000 .000 .000 2003 THRU 1 71 M UNITS/DAY PER ELIG .000 .000	ONT:	.00 .00 .00 2003 HLY AVERA COST PER USER .00 .00	GE - (.00 .00 .00 AGE 880 01/29/04 COST PER ELIGIBLE .00 .00
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	O O O O ES AND EXPENDITUR /DENTAL ICES FOR RENAL I UNITS OF SERVICE OR DAYS OF CARR O O O	DIALYSI E	.00 .00 .00 TH-OF-PAYMENT RI S EXPENDITURES .00 .00 .00	AV.	.00 .00 .00 I FOR JAN 2 AID CODES ERAGE COST R UNIT/DAY .00 .00	.000 .000 .000 2003 THRU 1 71 M UNITS/DAY PER ELIG .000 .000 .000	ONT:	.00 .00 .00 2003 HLY AVERA COST PER USER .00 .00	GE - (.00 .00 .00 AGE 880 01/29/04 COST PER ELIGIBLE .00 .00
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	O O O O ES AND EXPENDITUR /DENTAL ICES FOR RENAL I UNITS OF SERVICE OR DAYS OF CARR O O O	DIALYSI E	.00 .00 .00 TH-OF-PAYMENT RI S EXPENDITURES .00 .00 .00	AV.	.00 .00 .00 I FOR JAN 2 AID CODES ERAGE COST R UNIT/DAY .00 .00 .00	.000 .000 .000 2003 THRU 1 71 M UNITS/DAY PER ELIG .000 .000 .000	ONT:	.00 .00 .00 2003 HLY AVERA COST PER USER .00 .00 .00	GE - (.00 .00 .00 AGE 880 01/29/04 COST PER ELIGIBLE .00 .00 .00
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	O O O O ES AND EXPENDITUR /DENTAL ICES FOR RENAL I UNITS OF SERVICE OR DAYS OF CARR O O O	DIALYSI E	.00 .00 .00 TH-OF-PAYMENT RI S EXPENDITURES .00 .00 .00	AV.	.00 .00 .00 I FOR JAN 2 AID CODES ERAGE COST R UNIT/DAY .00 .00	.000 .000 .000 2003 THRU 1 71 M UNITS/DAY PER ELIG .000 .000 .000	ONT:	.00 .00 .00 2003 HLY AVERA COST PER USER .00 .00	GE - (.00 .00 .00 AGE 880 01/29/04 COST PER ELIGIBLE .00 .00
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	O O O O ES AND EXPENDITUR /DENTAL ICES FOR RENAL I UNITS OF SERVICE OR DAYS OF CARR O O O	DIALYSI E	.00 .00 .00 TH-OF-PAYMENT RI S EXPENDITURES .00 .00 .00	AV.	.00 .00 .00 I FOR JAN 2 AID CODES ERAGE COST R UNIT/DAY .00 .00 .00	.000 .000 .000 2003 THRU 1 71 M UNITS/DAY PER ELIG .000 .000 .000	ONT:	.00 .00 .00 2003 HLY AVERA COST PER USER .00 .00 .00	GE - (.00 .00 .00 AGE 880 01/29/04 COST PER ELIGIBLE .00 .00 .00
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	O O O O ES AND EXPENDITUR /DENTAL ICES FOR RENAL I UNITS OF SERVICE OR DAYS OF CARR O O O	DIALYSI E	.00 .00 .00 TH-OF-PAYMENT RI S EXPENDITURES .00 .00 .00 .00	AV.	.00 .00 .00 I FOR JAN 2 AID CODES ERAGE COST R UNIT/DAY .00 .00 .00 .00	.000 .000 .000 2003 THRU 1 71 M UNITS/DAY PER ELIG .000 .000 .000 .000	ONT:	.00 .00 .00 2003 HLY AVERA COST PER USER .00 .00 .00	GE - (.00 .00 .00 AGE 880 01/29/04
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	O O O O ES AND EXPENDITUR /DENTAL ICES FOR RENAL I UNITS OF SERVICE OR DAYS OF CARR O O O	DIALYSI E	.00 .00 .00 TH-OF-PAYMENT RI S EXPENDITURES .00 .00 .00 .00	AV.	.00 .00 .00 I FOR JAN 2 AID CODES ERAGE COST R UNIT/DAY .00 .00 .00 .00	.000 .000 .000 2003 THRU : 71 M UNITS/DAY PER ELIG .000 .000 .000 .000 .000	ONT:	.00 .00 .00 2003 HLY AVERA COST PER USER .00 .00 .00	GE - (.00 .00 .00 AGE 880 01/29/04
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	O O O O ES AND EXPENDITUR /DENTAL ICES FOR RENAL I UNITS OF SERVICE OR DAYS OF CARR O O O	DIALYSI E	.00 .00 .00 TH-OF-PAYMENT RI S EXPENDITURES .00 .00 .00 .00 .00 .00	AV.	.00 .00 .00 T FOR JAN 2 AID CODES ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00	.000 .000 .000 2003 THRU : 71 May PER ELIG .000 .000 .000 .000 .000 .000 .000	ONT:	.00 .00 .00 2003 HLY AVERA COST PER USER .00 .00 .00 .00	GE - (.00 .00 .00 AGE 880 01/29/04
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	O O O O O O O O O O O O O O O O O O O	DIALYSI E	.00 .00 .00 TH-OF-PAYMENT RI S EXPENDITURES .00 .00 .00 .00 .00 .00 .00	AV.	.00 .00 .00 T FOR JAN 2 AID CODES ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00	.000 .000 .000 2003 THRU : 71 May PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONT:	.00 .00 .00 2003 HLY AVERA COST PER USER .00 .00 .00 .00	GE - (.00 .00 .00 AGE 880 01/29/04
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	O O O O O O O O O O O O O O O O O O O	DIALYSI E	.00 .00 .00 TH-OF-PAYMENT RI S EXPENDITURES .00 .00 .00 .00 .00 .00 .00	AV.	.00 .00 .00 T FOR JAN 2 AID CODES ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00 .00	.000 .000 .000 2003 THRU 1 71 M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONT:	.00 .00 .00 2003 HLY AVERA COST PER USER .00 .00 .00 .00 .00	GE - (.00 .00 .00 AGE 880 01/29/04
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	O O O O O O O O O O O O O O O O O O O	DIALYSI E	.00 .00 .00 TH-OF-PAYMENT RI S EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00	AV.	.00 .00 .00 T FOR JAN 2 AID CODES ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00 .00	.000 .000 .000 2003 THRU 1 71 M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONT:	.00 .00 .00 2003 HLY AVERA COST PER USER .00 .00 .00 .00 .00	GE - (.00 .00 .00 AGE 880 01/29/04
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	O O O O O O O O O O O O O O O O O O O	DIALYSI E	.00 .00 .00 TH-OF-PAYMENT RI S EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AV.	.00 .00 .00 .00 I FOR JAN 2 AID CODES ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 .000 2003 THRU 1 71 M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONT:	.00 .00 .00 2003 HLY AVERA COST PER .00 .00 .00 .00 .00 .00 .00	GE - (.00 .00 .00 AGE 880 01/29/04
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SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	O O O O O O O O O O O O O O O O O O O	DIALYSI E	.00 .00 .00 TH-OF-PAYMENT RI S EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AV.	.00 .00 .00 .00 I FOR JAN 2 AID CODES ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 .000 .000 2003 THRU : 71 M UNITS/DAY. PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONT:	.00 .00 .00 2003 HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00	GE - (.00 .00 .00 .00 AGE 880 01/29/04
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SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	O O O O O O O O O O O O O O O O O O O	DIALYSI E	.00 .00 .00 .00 TH-OF-PAYMENT RI S EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AV.	.00 .00 .00 .00 T FOR JAN 2 AID CODES ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 .000 .000 .000 2003 THRU : 71 Mt UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONT:	.00 .00 .00 2003 HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE - (.00 .00 .00 .00 AGE 880 01/29/04
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	O O O O O O O O O O O O O O O O O O O	DIALYSI E	.00 .00 .00 TH-OF-PAYMENT RI S EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AV.	.00 .00 .00 .00 T FOR JAN 2 AID CODES ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 .000 .000 2003 THRU 1 71 Me UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONT:	.00 .00 .00 2003 HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE - (.00 .00 .00 .00 AGE 880 01/29/04

HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000 \$.00 \$.00
@* TOTALS IN THESE LINES ARE GIVEN AS	S A SEPARATE	INFORMATION	ITEM ONLY;					

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 881 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 AMADOR COUNTY SUMMARY OF SERVICES FOR TOTAL PARENTERAL NUTRITION AID CODES 73

					MONT	THLY AVERAC	E
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	\$.00
@PHYSICIANS SERVICES	0	0 \$.00	\$.00	.000 \$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	Ô	0	.00	.00	.000	.00	.00
EXAMINATIONS	Ô	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	Ô	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	Ô	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	Ô	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	Ô	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	Ô	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	Ô	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	Ô	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	Ô	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	Ô	0	.00	.00	.000	.00	.00
RADIOLOGY	Ô	0	.00	.00	.000	.00	.00
PSYCHIATRY	Ô	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	Ô	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	Ô	0	.00	.00	.000	.00	.00
@PHARMACY	Ô	0 \$.00	\$.00	.000 \$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	Ô	0	.00	.00	.000	.00	.00
OUTPATIENTS	Ô	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	Ô	0	.00	.00	.000	.00	.00
@DENTIST	Ô	0 \$.00	\$.00	.000 \$.00	\$.00
VISITS - DIAGNOSTIC	Ô	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	Ô	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	n	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
21.2 02 01.1 1 00	3	· ·	.00	.00	• • • •		

RESTORATIVE DENTISTRY	0		0		.00		.00	.000		.00		.00
PROSTHETICS	0		0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0		0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0		0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0		0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0		0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0		0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0		0		.00		.00	.000		.00	_	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO		NDT.I.OKE	S MONT	H-OF-PAYMENT R	EPORT FO	R JAN 2	2003 THRU	DEC	2 2003	Ρ	AGE 882
MOP024	FEE-FOR-SERVICE				AT ATTIMED TIME ON	3.70	CODEC	72				01/29/04
AMADOR COUNTY	SUMMARY OF SERV	VICES FOR I	OIAL PA	KENIER.	AL NUTRITION	AID	CODES		#○NTIT	TIT 37 A 377515 A	αп	
00 ELIGIBLES	USERS	UNITS OF S	EDIT OF		EXPENDITURES	ATTED AC	E GOOD	UNITS/DAY	-	THLY AVERA COST PER	_	COST PER
00 FFIGIRES	USEKS	OR DAYS O			FYLFINDIIOKF2	PER UN		PER ELIC		USER		ELIGIBLE
@OPTOMETRIST	0	OR DAIS O	O CARE	\$.00	\$.00	.000		.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0		0	Ą	.00	Ş	.00	.000	Ą	.00	Ą	.00
EYE APPLIANCES	0		0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$.00	Ś	.00	.000	Ś	.00	\$.00
VISITS	0		0	Y	.00	Ÿ	.00	.000	Y	.00	٧	.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$.00	\$.00	.000	Ś	.00	Ś	.00
MEDICINE/INJECTIONS	0		Ō	т	.00	т	.00	.000	т.	.00	т.	.00
SURGERY/ANES.	0		Ō		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0		0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		U		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0		U		.00		.00	.000		.00		.00
MEDICAL	0		U		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00

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RADIOLOGY

@COUNTY HOSPITAL TOTAL

ACCOMMODATIONS

ALL OTHER ACCOM

INPATIENT CROSSOVERS

ALL OTHER INPATIENT

HSC HOSPITALS

ANCILLARIES

CROSSOVERS/ALL OTH OUTPTNT

CO HOSPITAL INPATIENT TOTAL

NON-HSC HOSPITALS TOTAL

ADMINISTRATIVE DAYS

TRANSITIONAL IP CARE

ROOM USE

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CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00		.00
MEDICAL	Ō	0	.00	.00	.000	.00		.00
SURGERY	0	0	.00	.00	.000	.00		.00
PATHOLOGY	0	0	.00	.00	.000	.00		.00
RADIOLOGY	0	0	.00	.00	.000	.00		.00
ROOM USE	0	0	.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITURES MONT					PAGE	883
MOP024	FEE-FOR-SERVICE,							/29/04
AMADOR COUNTY		CES FOR TOTAL PARENTER	AL NUTRITION	AID CODES	7.3			,,
111112011 0001111	SOLUTION SELLIN		110 1101111111011	1112 00225	MONT	HLY AVERAC	3E	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST	DEB
00 EETGIBEE	OBERB	OR DAYS OF CARE	DIII DIIDI I ORDO	PER UNIT/DAY		USER	ELIG	
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
COMM HOSP INPATIENT TOTAL	Ő	0	.00	.00	.000	.00	٧	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	Ů	.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00		.00
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00		.00
ANCILLARIES	0	0	.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00		.00
MEDICAL	0	0	.00	.00	.000	.00		.00
SURGERY	0	0	.00	.00	.000	.00		.00
PATHOLOGY	0	0	.00	.00	.000	.00		.00
RADIOLOGY	0	0	.00	.00	.000	.00		.00
ROOM USE	0	0	.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00		.00
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000 \$.00	Ą	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00		.00
@NURSING FACILITY	0	0 \$.00	\$.00	.000 \$.00	\$.00
LEV A-INTERMEDIATE	0	0 Ş	.00	.00	.000 \$.00	Ą	.00
LEV A-INTERMEDIATE LEV B-REHAB MD	0	0	.00	.00	.000	.00		.00
	0	0	.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00		.00
LEV B-SUBACUIE HSPIL BASED LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
LEV B-REGULAR	0	0	.00	.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0 \$.00	\$.00	.000 \$.00	\$.00
ICF DDH	0	0	.00	.00	.000 \$.00	Ų	.00
ICF DDH ICF DD	0	0	.00	.00	.000	.00		.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
HOSPITAL BASED	0	0 Ş	.00	.00	.000 \$.00	Ų	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00		.00
@REHABILITATION FACILITY	0	0 \$.00	\$.00	.000 \$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000 \$.00	Ų	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00		.00
@LABORATORY FACILITY	0	0 \$.00	\$.00	.000 \$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000 \$.00	Ų	.00
XO AND OTHERS	0	0	.00	.00	.000	.00		.00
	0	_					ċ	
@ORGANIZED OUTPATIENT CLINIC	0	0 \$.00	•	.000 \$.00	\$.00
CLINIC SURGICENTER	0	0	.00	.00	.000	.00		.00
	0	0	.00	.00	.000	.00		.00
HEROIN DETOX CLINIC RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	ŭ	U ES AND EXPENDITURES MONT		.00 2 Mat. dog troog	.000 .000 TUDII DEC		PAGE	.00 884
HOVEL OF UPARITE SEKA	MEDI-CAL SERVICE	IN UND EVERNDIIOKES MOINI	II OL-ENIMENI KE	TEOM TOWN Z	OOS TITKO DEC	2003	FAGE	004

AMADOR COUNTY	SUMMARY OF SERV	ICES FOR	IOIAL P	AKENI	ERAL NUIRTIION	AID CODES	13			
							MC	ONTHLY AVERA	AGE	
00 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	S COST PER		COST PER
		OR DAYS	OF CARE			PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@ALL OTHER PROVIDERS	0		0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0		0		.00	.00	.000	.00		.00
BLOOD BANK	0		0		.00	.00	.000	.00		.00
HEARING AID DISPENSERS	0		0		.00	.00	.000	.00		.00
MEDICAL TRANSPORTATION	0		0		.00	.00	.000	.00		.00
AMBULANCES/AIR TRANS	0		0		.00	.00	.000	.00		.00
OTHER TRANS	0		0		.00	.00	.000	.00		.00
OTHER SERVICES	0		0		.00	.00	.000	.00		.00
ACUPUNCTURE	0		0		.00	.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0		0		.00	.00	.000	.00		.00
GENETIC DISEASE TESTING	0		0		.00	.00	.000	.00		.00

<pre>IHMC,MODEL-NF,NF,AIDS,MSSP</pre>	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00 \$.00	.000 \$.00 \$.00
OXOVER EXCLUDING STATE HOSP**	0	0 \$.00 \$.00	.000 \$.00 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 885 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 AMADOR COUNTY SUMMARY OF SERVICES FOR IRCA ALIENS AID CODES 51 52 56 57

					MONT	HLY AVERAGE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0 \$.00	\$.00	.000 \$.00 \$.00
@PHYSICIANS SERVICES	0	0 \$.00	\$.00	.000 \$.00 \$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$.00	\$.00	.000 \$.00 \$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00

SNF/ICF	0	0	.00	.00	.000	.00	.00
	0	0					
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	U	0	.00	.00	.000	.00	.00
@DENTIST	Ü	0 \$.00	\$.00	.000 \$		\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITURES MON	TH-OF-PAYMENT REE	PORT FOR JAN	2003 THRU DE	C 2003	PAGE 886
MOP024	FEE-FOR-SERVICE/DENT	'AL					01/29/04
AMADOR COUNTY	SUMMARY OF SERVICES		AID CO	DDES 51 52 56	57		
						THLY AVERAG	E
00 ELIGIBLES	HSERS HNTT	'S OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER

									HLY AVERAG		
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	•	.00	•	.00	.000		.00	•	.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	Ś	.00	\$.00
VISITS	0	0	Υ	.00	т	.00	.000	τ.	.00	τ.	.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	Ś	.00	\$.00
MEDICINE/INJECTIONS	0	0	т	.00	4	.00	.000	т.	.00	т	.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	Ś	.00	Ś	.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	Š	.00	Š	.00	.000	Š	.00	Š	.00
NURSE MIDWIFE	0	0	Š	.00	Š	.00	.000	Š	.00	Š	.00
PEDIATRIC NURSE PRACTITIONER	0	0	Š	.00	Š	.00	.000	Š	.00	Š	.00
FAMILY NURSE PRACTITIONER	0	0	Š	.00	Š	.00	.000	Š	.00	Š	.00
@TOTAL HOSPITAL	Ō	0	Š	.00	Š	.00	.000	Š	.00	Š	.00
HOSP INPATIENT TOTAL	0	0	•	.00	•	.00	.000		.00	•	.00
HSC HOSPITALS	Ō	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	Ō	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	Ő	0	\$.00	\$.00		\$.00	\$.00
	•	•		, , ,	т.			-T		т.	0

CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	XPENDITURES MO	NTH-OF-PAYMENT REPORT	FOR JAN	2003 THRU DEC	2003	PAGE 887
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
AMADOR COUNTY	SUMMARY OF SERVICES FOR	IRCA ALIENS	AID CODES	51 52 56	57		

----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @COMMUNITY HOSPITAL TOTAL 0 .00 \$.00 .000 \$.00 \$.00 .00 COMM HOSP INPATIENT TOTAL 0 0 .00 .000 .00 .00 HSC HOSPITALS 0 .00 .00 .000 .00 .00 .000 NON-HSC HOSPITALS TOTAL .00 .00 .00 .00 .00 .00 .000 .00 ACCOMMODATIONS .00 ADMINISTRATIVE DAYS .00 .00 .000 .00 .00 TRANSITIONAL IP CARE .00 .00 .000 .00 .00 ALL OTHER ACCOM .00 .00 .000 .00 .00 .00 ANCILLARIES .00 .000 .00 .00 .00 .00 .000 .00 INPATIENT CROSSOVERS .00 ALL OTHER INPATIENT .00 .00 .000 .00 .00 COMM HOSP OUTPATIENT TOTAL .00 .00 .000 .00 .00 MEDICAL .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 SURGERY PATHOLOGY .00 .00 .000 .00 .00 RADIOLOGY 0 .00 .00 .000 .00 .00 0 .00 ROOM USE .00 .000 .00 .00 CROSSOVERS/ALL OTH OUTPTNT 0 .00 .00 .000 .00 .00 0 @STATE HOSPITAL .00 .00 .000 .00 .00 MENTALLY ILL .00 .00 .000 .00 .00 DEVELOP. DISABLED 0 .00 .00 .000 .00 .00 @NURSING FACILITY .00 .00 .000 \$.00 .00 .00 .00 .000 .00 .00 LEV A-INTERMEDIATE .00 .00 .000 .00 .00 LEV B-REHAB MD LEV B-SUBACUTE FREESTANDING 0 .00 .00 .000 .00 .00 0 LEV B-SUBACUTE HSPTL BASED .00 .00 .00 .00 .000 0 .00 LEV B-TRANSITIONAL IP CARE .00 .000 .00 .00 0 LEV B-REGULAR .00 .00 .000 .00 .00 0 @INTERMEDIATE CARE FACIL.-DD \$.00 .000 \$.00 .00 .00 ICF DDH 0 .00 .00 .000 .00 .00 ICF DD 0 .00 .00 .000 .00 .00 ICF DDN/DDCN 0 .00 .00 .000 .00 .00 .00 .00 .00 .00 @HEMODIALYSIS TOTAL \$.000 \$ \$ HOSPITAL BASED 0 .00 .00 .000 .00 .00 0 .00 HEMODIALYSIS CENTER .00 .000 .00 .00 0 .00 \$.00 .000 .00 .00 @REHABILITATION FACILITY \$ \$ HOSPITAL BASED .00 .00 .000 .00 .00

INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0 \$.00	\$.00	.000 \$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
	0	0					
XO AND OTHERS	Ü	-	.00	.00	.000	.00	
@ORGANIZED OUTPATIENT CLINIC	0	0 \$.00	\$.00	.000 \$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
	0	0	.00			.00	
HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALLIF DEPT OF HEALTH SERV	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES MON	ITH-OF-PAYMENT R	EPORT FOR JAN	2003 THRU DEC	2003	PAGE 888
MOP024 AMADOR COUNTY	FEE-FOR-SERVICE	:/DENTAL					01/29/04
AMADOR COUNTY	STIMMARY OF SERV	TOES FOR TROM ALTENS	AID	CODES 51 52 56	57		
Thubor Coonii	BOINDARY OF BEILT	TODO TOR TROM METERS	7110	CODED DI DZ DO	MONT	UTV NUEDNC	TE.
00 51 76751 56	Hanna	IDITED OF GERLIAGE		ATTERNACE COCE			
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS		
		OR DAYS OF CARE			PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	\$.00
DURABLE MED. EQUIP.	0	0			000	0.0	.00
DICOD DANK	0	0	.00	.00 .00	000	.00	.00
BLOOD BANK	0		.00		.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS	0	0	.00	.00	000	0.0	.00
	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	U	U			.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST	0	0	.00	.00	000	0.0	.00
OCCUPATIONAL TURDADICT	0	0	.00	.00	.000	.00	.00
	U	U			.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	0.00	0.0	.00
PROSTHETICS	0	0	.00	.00	000	00	.00
	0	0			.000	.00	.00
ORTHOTICS	Ü	Ü	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	. 000	. 00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	000	00	.00
	0	0			.000	.00	.00
LOCAL EDUCATION AGENCIES	U	U	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	0.0	0.0	.000	.00	
ACALTE CHILDREN CEDULCEC*	0	0 \$.00	ė 00	.000 \$.00	
WCALIF. CHILDREN SERVICES"	0		.00	\$.00			
PED SUBACUTE REHAB/WEANING ALL OTHER PROVIDERS @CALIF. CHILDREN SERVICES* @XOVER EXCLUDING STATE HOSP** @* TOTALS IN THESE LINES ARE	Ü	0 \$.00	.00 .00 \$.00 \$.00	.000 \$.00	\$.00
@* TOTALS IN THESE LINES ARE	GIVEN AS A SEPAR	ATE INFORMATION ITEM ON	ILY;				
THE AMOUNTS ARE ALREADY IN	CLUDED IN THE AP	PROPRIATE DETAIL LINES	ABOVE.				
** THESE DATA ARE INCLUDED I	N THE APPROPRIAT	E DETAIL LINES ABOVE.					
#CALIF DEPT OF HEALTH SERV			TTH_OF_DAVMENT D	MAT. GOR TGOGR	2003 THRII DEC	2003	DACF 889
					Z005 TIMO DEC	2005	01/29/04
MOP024 AMADOR COUNTY	FEE-FOR-SERVICE	/ DENIAL					01/29/04
AMADOR COUNTY	SUMMARY OF SERV	ICES FOR MI/MN ALIEN V					
					MONT	HLY AVERAC	E
113 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE 198 \$ 57 \$	EXPENDITURES	AVERAGE COST	UNITS/DAYS (COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	3.0	198 \$	24 268 68	\$ 122.57	1 752 ¢	808 96	¢ 214 77
STOTIL, THE INCVIDENCE	16	170 Y	6 007 04	d 105 74	.504 \$	276 70	¢ E2 24
@PHYSICIANS SERVICES	Τ.0	5 / Þ	24,268.68 6,027.24 867.67	φ ±U5./4	, 204 \$	3/0./0	φ 23.34
OUTPATIENT VISITS	8		867 67	78 88	. (191/	108 46	'/ hX

5 / 11 1

1

1

68.35

867.67 78.88 24.00 24.00 .00 .00

8

1

0

OUTPATIENT VISITS

OFFICE VISITS

EMERGENCY ROOM

HOME VISITS

7.68

.21

.00

.60

.097 108.46 .009 24.00 .000 .00 .009 68.35

24.00 .009 .00 .000 68.35 .009

PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	6	9	775.32	86.15	.080	129.22	6.86
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	3	9	771.00	85.67	.080	257.00	6.82
HOSPITAL VISITS	2	5	196.92	39.38	.044	98.46	1.74
CRITICAL CARE	1	4	574.08	143.52	.035	574.08	5.08
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	5	26	3,730.83	143.49	.230	746.17	33.02
PRINCIPAL SURGEON	3	3	3,265.74	1088.58	.027	1088.58	28.90
ASSISTANT SURGEON	1	1	186.50	186.50	.009	186.50	1.65
ANESTHESIOLOGIST	1	22	278.59	12.66	.195	278.59	2.47
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00

ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	1	2		68.86		34.43	.018		68.86		.61
RADIOLOGY	3	3		100.64		33.55	.027		33.55		.89
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	3	6		488.24		81.37	.053		162.75		4.32
@PHARMACY	6	12	\$	291.18	\$	24.27	.106	\$	48.53	\$	2.58
PRESCRIPTION DRUGS	6	12		291.18		24.27	.106		48.53		2.58
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	6	12		291.18		24.27	.106		48.53		2.58
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00		.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	_	RES M	MONTH-OF-PAYMENT R	EPOR'	T FOR JAN 2	2003 THRU 1	DEC	2003	PAG	
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
AMADOR COUNTY	SUMMARY OF SERVICES FO	OR MI/MN .	ALIEN	N WITHOUT SIS AID (CODE	55 58 5F					

							M	ГИC	CHLY AVERA	GE.	
113 ELIGIBLES	USERS	UNITS OF SERVICE	}	EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE	}		PE	R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	13	53	\$	16,668.61	\$	314.50	.469	\$	1282.20	\$	147.51
HOSP INPATIENT TOTAL	3	12		15,777.12		1314.76	.106		5259.04		139.62
HSC HOSPITALS	1	4		4,840.00		1210.00	.035		4840.00		42.83
NON-HSC HOSPITAL TOTAL	2	8		10,937.12		1367.14	.071		5468.56		96.79
ACCOMMODATIONS	2	8		3,723.40		465.43	.071		1861.70		32.95
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	2	8		3,723.40		465.43	.071		1861.70		32.95
ANCILLARIES	2	0		7,213.72		.00	.000		3606.86		63.84

INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	11	41		891.49	23	1.74	.363	81.04		7.89
MEDICAL	1	1		33.60	3:	3.60	.009	33.60		.30
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	5	26		239.08	9	9.20	.230	47.82		2.12
RADIOLOGY	3	3		198.87	6	5.29	.027	66.29		1.76
ROOM USE	5	8		352.70	4	1.09	.071	70.54		3.12
CROSSOVERS/ALL OTH OUTPTNT	2	3		67.24	2:	2.41	.027	33.62		.60
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITUR	ES MON	TH-OF-PAYMENT R	EPORT FOR	R JAN	2003 THRU DEC	2003	PAGE	891
MOP024	FEE-FOR-SERVICE/DENTAL	1							01	/29/04
AMADOR COUNTY	SUMMARY OF SERVICES FO	OR MI/MN A	LIEN W	ITHOUT SIS AID	CODE 55 !	58 5F				

AMADOK COUNTI	SUMMART OF SERV	ICES FOR MI/MN A	птым	WIIIOUI SIS AID	CODE 33 36 3F			~-	
444						MON		_	
113 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST		COST PER		COST PER
		OR DAYS OF CARE			PER UNIT/DAY		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	13	53	\$	16,668.61	\$ 314.50	.469 \$		\$	147.51
COMM HOSP INPATIENT TOTAL	3	12		15,777.12	1314.76	.106	5259.04		139.62
HSC HOSPITALS	1	4		4,840.00	1210.00	.035	4840.00		42.83
NON-HSC HOSPITALS TOTAL	2	8		10,937.12	1367.14	.071	5468.56		96.79
ACCOMMODATIONS	2	8		3,723.40	465.43	.071	1861.70		32.95
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	2	8		3,723.40	465.43	.071	1861.70		32.95
ANCILLARIES	2	0		7,213.72	.00	.000	3606.86		63.84
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	11	41		891.49	21.74	.363	81.04		7.89
MEDICAL	1	1		33.60	33.60	.009	33.60		.30
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	5	26		239.08	9.20	.230	47.82		2.12
RADIOLOGY	3	3		198.87	66.29	.027	66.29		1.76
ROOM USE	5	8		352.70	44.09	.071	70.54		3.12
CROSSOVERS/ALL OTH OUTPTNT	2	3		67.24	22.41	.027	33.62		.60
@STATE HOSPITAL	0	0	\$.00	\$.00	.000 \$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000 \$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00

LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	7	22	\$	273.12	\$	12.41	.195	\$	39.02	\$	2.42
PATHOLOGY	7	22		273.12		12.41	.195		39.02		2.42
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	2	2	\$	303.48	\$	151.74	.018	\$	151.74	\$	2.69
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	2	2		303.48		151.74	.018		151.74		2.69
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITU	RES MO	ONTH-OF-PAYMENT RE	EPORT	FOR JAN	2003 THRU	DEC	2003	PA	GE 892
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04

SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

113 ELIGIBLES **USERS** UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG **USER** ELIGIBLE @ALL OTHER PROVIDERS 52 705.05 13.56 .460 \$ 117.51 \$ 6.24 .000 DURABLE MED. EOUIP. 0 .00 .00 0 .00 .00 BLOOD BANK 0 .00 .00 .00 .000 .00 HEARING AID DISPENSERS .00 .00 .000 .00 .00 MEDICAL TRANSPORTATION 48 285.05 5.94 142.53 .425 2.52 AMBULANCES/AIR TRANS 48 285.05 5.94 .425 142.53 2.52 OTHER TRANS 0 .00 .00 .000 .00 .00 .00 OTHER SERVICES .00 .000 .00 .00 ACUPUNCTURE .00 .00 .000 .00 .00 ADULT DAY HEALTH CARE CTR .00 .00 .000 .00 .00 GENETIC DISEASE TESTING 420.00 105.00 .035 105.00 3.72 .00 .00 .000 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP .00 OCCUPATIONAL THERAPIST .00 .00 .000 .00 OPTICIAN .00 .00 .000 .00 .00 PHYSICAL THERAPIST .00 .00 .000 .00 .00 PORTABLE X-RAY .00 .00 .000 .00 .00 PROSTHETIST/ORTHOTISTS .00 .00 .000 .00 .00 PROSTHETICS .00 .00 .000 .00 .00 ORTHOTICS .00 .00 .00 .000 .00 PSYCHOLOGIST .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 SPEECH AND AUDIOLOGY .00 HOSPICE SERVICES .000 .00 NONINST BIRTHING CENTERS .00 .00 .000 .00 .00 LOCAL EDUCATION AGENCIES .00 .00 .000 .00 .00 EPSDT SUPPLEMENTAL SERVICE .00 .00 .000 .00 .00 RESPIRATORY CARE PRACT. .00 .000 .00 .00 .00 PED SUBACUTE REHAB/WEANING .000 .00 .00 .00 .00 ALL OTHER PROVIDERS .00 .00 .000 .00 .00 @CALIF. CHILDREN SERVICES* .00 \$.00 .000 \$.00 .00 \$ @XOVER EXCLUDING STATE HOSP** .00 \$.00 .000 \$.00 \$.00

AMADOR COUNTY

----- MONTHLY AVERAGE -----

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 MOP024 FEE-FOR-SERVICE/DENTAL

AMADOR COUNTY	SUMMARY OF SERV	ICES FOR REFUGEES	AID	CODES 01 02 08			
					MONT		
09 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	1	2 \$.00	\$.00	.222 \$.00	\$.00
@PHYSICIANS SERVICES	0	0 \$.00	\$.00	.000 \$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
	0	0	.00			.00	
EMERGENCY ROOM	0	0		.00	.000		.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	U	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
	0	0					
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	Ü	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	1	2 \$.00	\$.00	.222 \$.00 \$	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	1	2	.00	.00	.222	.00	.00
@DENTIST	0	_ 0 \$.00	\$.00	.000 \$.00	
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
	0	0					
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN 2	2003 THRU DEC		PAGE 894
MOP024	FEE-FOR-SERVICE						01/29/04
AMADOR COUNTY		ICES FOR REFUGEES	ΔΤΩ	CODES 01 02 08	0 A		01,20,01
			1111	01 02 00	MONT	HIY AVERACE	₹
09 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
0, 1110110	00110	OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
		OIL DITTO OF CARE		ILIK UNII/DAI		ODLIK	

@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	j
DIAGNOSTIC AND ANC. PROCED	0	0	•	.00	·	.00	.000	•	.00	.00	j
EYE APPLIANCES	0	0		.00		.00	.000		.00	.00	į
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00	.00	į
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00	i
VISITS	0	0		.00		.00	.000		.00	.00	į
OTHER SERVICES	0	0		.00		.00	.000		.00	.00	i
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	į.
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00	.00	į.
SURGERY/ANES.	0	0		.00		.00	.000		.00	.00	1
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00	.00	1
OTHER	0	0		.00		.00	.000		.00	.00	į.
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00	į.
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	1
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00	Į
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00	į.

FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
@TOTAL HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURES	MONTH-OF-PAYMENT F	REPORT FOR JAN	2003 THRU DE	C 2003	PAGE 895
MOP024	FEE-FOR-SERVICE				_		01/29/04
AMADOR COUNTY	SUMMARY OF SERV	ICES FOR REFUGEES	AID	CODES 01 02 08			
					MON		
09 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$		\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00

					MON	IHLY AVERAGI	5
09 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	Ġ	.00	\$.00
MENTALLY ILL	0	0	-	.00	4	.00	.000	4	.00	7	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	Ġ	.00	\$.00
LEV A-INTERMEDIATE	0	0	-	.00	4	.00	.000	4	.00	7	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	٧	.00	٧	.00	.000	۲	.00	٧	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	٧	.00	٧	.00	.000	۲	.00	٧	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	٧	.00	٧	.00	.000	۲	.00	٧	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	Υ	.00	τ	.00	.000	т	.00	т	.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	Υ	.00	τ	.00	.000	т	.00	т	.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITE	RES I	MONTH-OF-PAYMENT R	REPORT			DEC		PAGE	
MOP024	FEE-FOR-SERVICE									_	1/29/04
AMADOR COUNTY		ICES FOR REFUGE	ES	ATD	CODES	01 02 08 02	4			·	1,22,01
	Bolling of Bellevi	1020 1011 1121 002		1122	00220			IONT	HLY AVERA	GE	
09 ELIGIBLES	USERS	UNITS OF SERVIC	Έ	EXPENDITURES	AVE	RAGE COST UN		-	COST PER		T PER
		OR DAYS OF CAR				UNIT/DAY I			USER		GIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	•	.00	•	.00	.000		.00		.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	0	0		.00		.00	.000		.00		.00

						111111 11111111111	
09 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00

RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00 \$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00 \$.00	.000 \$.00 \$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 897 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 SUMMARY OF SERVICES FOR BCCTP-FEDERAL AID CODES 0M 0N 0P

AMADOR COUNTY	SUMMARY OF SERV	ICES FOR	BCC.L.b - F	EDERAL	Α.	TD COL	ES UM UN					
										HLY AVERA		
20 ELIGIBLES	USERS	UNITS OF	SERVICE	C	EXPENDITURES	AVER	AGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS	OF CARE	C		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	38		932	\$	58,290.87	\$	62.54	46.600	\$	1533.97	\$	2914.54
@PHYSICIANS SERVICES	27		538	\$	19,292.00	\$	35.86	26.900	\$	714.52	\$	964.60
OUTPATIENT VISITS	19		40		1,148.28		28.71	2.000		60.44		57.41
OFFICE VISITS	19		40		1,148.28		28.71	2.000		60.44		57.41
HOME VISITS	0		0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0		Ō		.00		.00	.000		.00		.00
PREVENTIVE CARE	0		Ö		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0		Ö		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0		Ö		.00		.00	.000		.00		.00
INPATIENT VISITS	1		2		111.00		55.50	.100		111.00		5.55
HOSPITAL VISITS	1		2		111.00		55.50	.100		111.00		5.55
CRITICAL CARE	0		0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0		0		.00		.00	.000		.00		.00
	0		0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0		0		.00		.00	.000		.00		.00
EXAMINATIONS	0		0							.00		
SERVICES AND MATERIALS	3		42		.00		.00	.000				.00
INPATIENT HOSPITAL SURGERY	3				1,614.91		38.45	2.100		538.30		80.75
PRINCIPAL SURGEON	2		2		1,011.91		505.96	.100		505.96		50.60
ASSISTANT SURGEON	0		0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	2		40		603.00		15.08	2.000		301.50		30.15
OUTPATIENT SURGERY	3		9		940.48		104.50	.450		313.49		47.02
PRINCIPAL SURGEON	3		4		832.46		208.12	.200		277.49		41.62
ASSISTANT SURGEON	0		0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	1		5		108.02		21.60	.250		108.02		5.40
DIALYSIS	0		0		.00		.00	.000		.00		.00
PATHOLOGY	8		24		785.50		32.73	1.200		98.19		39.28
RADIOLOGY	10		23		950.21		41.31	1.150		95.02		47.51
PSYCHIATRY	0		0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	6		358		12,921.87		36.09	17.900		2153.65		646.09
OTHER SERVICES/ALL X-OVERS	8		40		819.75		20.49	2.000		102.47		40.99
@PHARMACY	22		57	\$	5,295.96	\$	92.91	2.850	\$	240.73	\$	264.80
PRESCRIPTION DRUGS	22		54		4,984.28		92.30	2.700		226.56		249.21
SNF/ICF	0		0		.00		.00	.000		.00		.00
OUTPATIENTS	22		54		4,984.28		92.30	2.700		226.56		249.21
MEDICAL SUPPLIES	1		3		311.68		103.89	.150		311.68		15.58
@DENTIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0		0	•	.00	·	.00	.000	-	.00	-	.00
ORAL SURGERY	0		0		.00		.00	.000		.00		.00
DRUGS	0		0		.00		.00	.000		.00		.00
ANESTHESIA	0		0		.00		.00	.000		.00		.00
PERIODONTICS	0		0		.00		.00	.000		.00		.00
ENDODONTICS	0		0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	Ô		Ő		.00		.00	.000		.00		.00
PROSTHETICS	0		0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	n		0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0		0		.00		.00	.000		.00		.00
0111011 1111111111111111111111111111111	· ·		•		.00					. 50		

0 MAXILLOFACIAL SERVICES 0 .00 .00 0 0 .00 .00 FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES 0 0 .00 .00 0 0 .00 ALL OTHER SERVICES .00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

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MOP024 FEE-FOR-SERVICE/DENTAL

AMADOR COUNTY SUMMARY OF SERVICES FOR BCCTP-FEDERAL AID CODES OM ON OP

AMADOR COUNTY	SUMMARY OF SERVICES	FOR	BCCIP-F.	EDERAL	A.	ID C	ODES OM ON				aп	
20 81 13181 83	HGEDG IDIT	10 00	GERMAN			7. 7. 7				HLY AVERA		
20 ELIGIBLES			SERVICE		EXPENDITURES		ERAGE COST					COST PER
		DAYS	OF CARE		2.2		R UNIT/DAY			USER	_	ELIGIBLE
@OPTOMETRIST	0		0	\$.00	\$.00	.000	Ş	.00	Ş	.00
DIAGNOSTIC AND ANC. PROCED	0		0		.00		.00	.000		.00		.00
EYE APPLIANCES	0		0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0			\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0		0	\$.00	\$.00	.000		.00	\$.00
NURSE MIDWIFE	0		0	S	.00	\$.00	.000		.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0		0 0 0	\$.00	\$.00	.000		.00		.00
FAMILY NURSE PRACTITIONER	0		Ö	Š	.00	\$.00	.000		.00		.00
@TOTAL HOSPITAL	20		299	Š	30,588.58	Š	102.30	14.950	Š	1529.43		1529.43
HOSP INPATIENT TOTAL	4		9	τ	23,553.15	Υ	2617.02	.450	~	5888.29	Ψ.	1177.66
HSC HOSPITALS	1		3		3,630.00		1210.00	.150		3630.00		181.50
NON-HSC HOSPITAL TOTAL	3		6		19,923.15		3320.53	.300		6641.05		996.16
ACCOMMODATIONS	3		6		3,614.74		602.46	.300		1204.91		180.74
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0 0 6		.00		.00	.000		.00		.00
ALL OTHER ACCOM	3		6		3,614.74		602.46	.300		1204.91		180.74
ANCILLARIES	2		0		16,308.41		.00	.000		5436.14		815.42
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT HOSP OUTPATIENT TOTAL	17		290					14.500		413.85		351.77
	6		290 16		7,035.43		24.26					
MEDICAL	1		10		446.71		27.92 135.30	.800		74.45		22.34
SURGERY	10		_		135.30			.050		135.30		6.77
PATHOLOGY	7		67		835.70		12.47	3.350		83.57		41.79
RADIOLOGY	/		18		1,680.37		93.35	.900		240.05		84.02
ROOM USE	8		17		728.14		42.83	.850		91.02		36.41
CROSSOVERS/ALL OTH OUTPTNT	5		171		3,209.21	_	18.77	8.550		641.84	_	160.46
@COUNTY HOSPITAL TOTAL	0		0	\$.00	\$.00	.000	Ş		Ş	.00
CO HOSPITAL INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00

RADIOLOGY	0		0		.00	.00	.000	.00	.00
ROOM USE	0		0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0		0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXI	PENDITURE	S MOI	NTH-OF-PAYMENT RE	PORT FOR JAN	2003 THRU DE	C 2003	PAGE 899
MOP024	FEE-FOR-SERVICE	/DENTAL							01/29/04
AMADOR COUNTY	SUMMARY OF SERV	ICES FOR	BCCTP-FE	DERA	L AI	D CODES OM ON	0P		
							MON	THLY AVERA	GE
20 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS	OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	20		299	\$	30,588.58	\$ 102.30	14.950 \$	1529.43	\$ 1529.43
COMM HOSP INPATIENT TOTAL	4		9		23,553.15	2617.02	.450	5888.29	1177.66
HSC HOSPITALS	1		3		3,630.00	1210.00	.150	3630.00	181.50
NON-HSC HOSPITALS TOTAL	3		6		19,923.15	3320.53	.300	6641.05	996.16
ACCOMMODATIONS	3		6		3,614.74	602.46	.300	1204.91	180.74
ADMINISTRATIVE DAYS	0		0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0		0		.00	.00	.000	.00	.00

ALL OTHER ACCOM	3	6		3,614.74		602.46	.300		1204.91		180.74
ANCILLARIES	3 3	0		16,308.41		.00	.000		5436.14		815.42
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	17	290		7,035.43		24.26	14.500		413.85		351.77
	17										
MEDICAL	0	16		446.71		27.92	.800		74.45		22.34
SURGERY	1	1		135.30		135.30	.050		135.30		6.77
PATHOLOGY	10	67		835.70		12.47	3.350		83.57		41.79
RADIOLOGY	7	18		1,680.37		93.35	.900		240.05		84.02
ROOM USE	8	17		728.14		42.83	.850		91.02		36.41
CROSSOVERS/ALL OTH OUTPTNT	5	171		3,209.21		18.77	8.550		641.84		160.46
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	•	.00	•	.00	.000	•	.00	•	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	Ś	.00	Ś	.00
LEV A-INTERMEDIATE	0	0	٧	.00	Y	.00	.000	Y	.00	Y	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
	0	0									
LEV B-SUBACUTE FREESTANDING				.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	Ś	.00	.000	Ś	.00	Ś	.00
HOSPITAL BASED	0	Ö	Υ	.00	Υ	.00	.000	Υ	.00	Τ.	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	4	.00	\$.00
	0	0	Ą		Ą			Ą		Ą	
HOSPITAL BASED	0			.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	4.	.00	4.	.00
@LABORATORY FACILITY	4	23	\$	350.21	\$	15.23	1.150	Ş	87.55	Ş	17.51
PATHOLOGY	4	23		350.21		15.23	1.150		87.55		17.51
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	9	15	\$	2,764.12	\$	184.27	.750	\$	307.12	\$	138.21
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	9	15		2,764.12		184.27	.750		307.12		138.21
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITURE	S MONT		EPORT			DEC		P.	AGE 900
MOP024	FEE-FOR-SERVICE/		1011	III OI IIIIIIIIII KI	di Oiti	TOR OTH	2005 11110	рцс	2005	1.2	01/29/04
AMADOR COUNTY		CES FOR BCCTP-FI	זגסשתי	Al	TD CC	DEC OM ON	ΩD				01/25/04
AMADOK COUNTI	SUMMAKI OF SERVI	CES FOR BCCIF-FI	חשאומענ	A	ID CC	OH ON	M		TT 37 3 3 7 7 7 7 3	C E	
20 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDICIPE	7. 7. 7. 17.						
ZU ELIGIBLES	USERS			EXPENDITURES			UNITS/DAY				COST PER
	0	OR DAYS OF CARE	_	0.0			PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	Ş	.00	Ş	.00
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00		.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	0	0		.00		.00	.000		.00		.00
AMBULANCES/AIR TRANS	0	0		.00		.00	.000		.00		.00
OTHER TRANS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	0	0		.00			.000		.00		
	0					.00					.00
IHMC, MODEL-NF, NF, AIDS, MSSP	•	0		.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00
OPTICIAN	0	0		.00		.00	.000		.00		.00
PHYSICAL THERAPIST	0	0		.00		.00	.000		.00		.00

PORTABLE X-RAY	0	0	.00	.00	.000	.0	0	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.0	0	.00
PROSTHETICS	0	0	.00	.00	.000	.0	0	.00
ORTHOTICS	0	0	.00	.00	.000	.0	0	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.0	0	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.0	0	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.0	0	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.0	0	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.0	0	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.0	0	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.0	0	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.0	0	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.0	0	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.0	0 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.0	0 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 901
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

AMADOR COUNTY SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY AID CODES OR OT OU OV ----- MONTHLY AVERAGE -----33 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE .727 \$ 22.94 @TOTAL, ALL PROVIDERS 24 757.18 31.55 94.65 \$ 8 \$ 27.31 \$ @PHYSICIANS SERVICES 8 9 \$ 218.44 \$ 24.27 .273 \$ 6.62 96.00 OUTPATIENT VISITS 4 24.00 .121 24.00 2.91 4 96.00 24.00 24.00 2.91 OFFICE VISITS .121 HOME VISITS .00 .00 .000 .00 .00 .00 EMERGENCY ROOM .00 .00 .000 .00 PREVENTIVE CARE .00 .00 .000 .00 .00 OB VISITS/COMPRE PERI .00 .00 .000 .00 .00 .00 .00 .000 .00 OTHER OUTPATIENT .00 INPATIENT VISITS .00 .00 .000 .00 .00 HOSPITAL VISITS .00 .00 .000 .00 .00 CRITICAL CARE .00 .00 .000 .00 .00 .00 .00 .00 SNF/ICF/TRANS IP CARE .000 .00 OPHTHALMOLOGICAL SERVICES .00 .00 .000 .00 .00 EXAMINATIONS .00 .00 .000 .00 .00 .00 .000 .00 SERVICES AND MATERIALS .00 .00 INPATIENT HOSPITAL SURGERY .00 .00 .000 .00 .00 PRINCIPAL SURGEON .00 .00 .000 .00 .00 ASSISTANT SURGEON .00 .00 .000 .00 .00 ANESTHESIOLOGIST .00 .00 .000 .00 .00 55.85 OUTPATIENT SURGERY 27.93 .061 55.85 1.69 55.85 27.93 .061 55.85 1.69 PRINCIPAL SURGEON .00 .00 .000 .00 .00 ASSISTANT SURGEON ANESTHESIOLOGIST .00 .00 .000 .00 .00 .00 .00 .00 DIALYSIS .000 .00 .00 PATHOLOGY .00 .000 .00 .00 RADIOLOGY 66.59 22.20 .091 22.20 2.02 .00 **PSYCHIATRY** .00 .000 .00 .00 IMMUNIZATION AND INJECTION 0 .00 .00 .000 .00 .00 OTHER SERVICES/ALL X-OVERS .00 .00 .000 .00 .00 @PHARMACY .00 .00 .000 .00 .00 .00 .00 .00 PRESCRIPTION DRUGS .000 .00 0 .00 .00 .000 .00 .00 SNF/ICF 0 OUTPATIENTS .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 MEDICAL SUPPLIES @DENTIST .00 \$.00 .000 \$.00 \$.00

VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00	
ORAL SURGERY	0	0	.00	.00	.000	.00	.00	
DRUGS	0	0	.00	.00	.000	.00	.00	
ANESTHESIA	0	0	.00	.00	.000	.00	.00	
PERIODONTICS	0	0	.00	.00	.000	.00	.00	
ENDODONTICS	0	0	.00	.00	.000	.00	.00	
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	.00	
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00	
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00	
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00	
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00	
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00	
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES MO	NTH-OF-PAYMENT REPOR	T FOR JAN 2	003 THRU DE	2003	PAGE 902	
MOP024	FEE-FOR-SERVICE/DE	NTAL					01/29/04	
AMADOR COUNTY	SUMMARY OF SERVICE	S FOR BCCTP-STATE-	ONLY AID CODE	S OR OT OU	0V			
					MON'	THLY AVERAG	E	
33 ELIGIBLES	USERS UN	ITS OF SERVICE	EXPENDITURES AV	ERAGE COST	UNITS/DAYS	COST PER	COST PER	
	Ol	R DAYS OF CARE	PE	R UNIT/DAY	PER ELIG	USER	ELIGIBLE	
@OPTOMETRIST	0	0 \$.00 \$.00	.000 \$.00	\$.00	
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00	
EVE ADDITANCEC	Λ	0	0.0	0.0	000	0.0	0.0	

33 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAY	S	COST PER		COST PER
O O DETOMETED TOTAL	0	OR DAYS OF CARE		0.0		UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	Ş	.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	Ü		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	3	12	\$	227.06	\$	18.92	.364	\$	75.69	\$	6.88
HOSP INPATIENT TOTAL	0	0	·	.00	·	.00	.000		.00	•	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	3	12		227.06		18.92	.364		75.69		6.88
MEDICAL	0			.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	3	9		81.46		9.05	.273		27.15		2.47
RADIOLOGY	2	, w		145.60		48.53	.091		72.80		4.41
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	Ġ	.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	Ą	.00	Ą	.00	.000	Ą	.00	Ą	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ACCOMMODALLONS	U	U		.00		.00	.000		.00		.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
MEDICAL	0	0	.00	.00	.000	.00	.00	
SURGERY	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	.00	
ROOM USE	0	0	.00	.00	.000	.00	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	AND EXPENDITUR	ES MONTH-OF-PAYMENT I	REPORT FOR JAN	2003 THRU DE	C 2003	PAGE 903	
MOP024	FEE-FOR-SERVICE/DEN	ITAL					01/29/04	
AMADOR COUNTY	SUMMARY OF SERVICES	FOR BCCTP-S	TATE-ONLY AID	CODES OR OT OU	0V			
					MON	THLY AVERAG	GE	
33 ELIGIBLES	USERS UNI	TS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER	
	OF	R DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE	

								OIVIII		LO E	
33 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		RAGE COST					COST PER
		OR DAYS OF CARE	1		PER	UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3	12	\$	227.06	\$	18.92	.364	\$	75.69	\$	6.88
COMM HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	3	12		227.06		18.92	.364		75.69		6.88
MEDICAL	0			.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	3	9		81.46		9.05	.273		27.15		2.47
RADIOLOGY	2	3		145.60		48.53	.091		72.80		4.41
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	Ś	.00	\$.00
MENTALLY ILL	0	0	т	.00	Ψ	.00	.000	Τ.	.00	Ψ.	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	Ś	.00	.000	Ś	.00	Ġ	.00
LEV A-INTERMEDIATE	0	0	т	.00	Ψ	.00	.000	Τ.	.00	Ψ.	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	Ô		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	Ô		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	Ô	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	Ś	.00	\$.00
ICF DDH	0	0	т	.00	Ψ	.00	.000	Τ.	.00	Ψ.	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	Ś	.00	\$.00
HOSPITAL BASED	0	0	٧	.00	Υ	.00	.000	Ψ	.00	٧	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	Ś	.00	Ś	.00
HOSPITAL BASED	0	0	٧	.00	Υ	.00	.000	Ψ	.00	٧	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	Ś	.00	.000	Ś		\$.00
PATHOLOGY	0	0	٧	.00	Y	.00	.000	٧	.00	Y	.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
210 1110 01111110	v	0		.00		. 0 0	.000		.00		.00

@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00	
CLINIC	0	0		.00		.00	.000	.00		.00	
SURGICENTER	0	0		.00		.00	.000	.00		.00	
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00		.00	
RURAL HEALTH CLINIC	0	0		.00		.00	.000	.00		.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURE	S MONTH-OF	F-PAYMENT I	REPORT	FOR JAN 2	2003 THRU I	DEC 2003	PA	GE 904	
MOP024	FEE-FOR-SERVICE/DE	ENTAL								01/29/04	
AMADOR COUNTY	SUMMARY OF SERVICE	ES FOR BCCTP-ST	TATE-ONLY	AID	CODES	OR OT OU	0V				
							MC	ONTHLY AVERA	GE -		
33 ELIGIBLES	USERS UN	NITS OF SERVICE	EXI	PENDITURES	AVE:	RAGE COST	UNITS/DAYS	S COST PER	C	OST PER	
		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG	USER	E	LIGIBLE	
@ALL OTHER PROVIDERS	2	3	\$	311.68	\$	103.89	.091	\$ 155.84	\$	9.44	
DURABLE MED. EQUIP.	0	0		.00		.00	.000	.00		.00	
BLOOD BANK	0	0		.00		.00	.000	.00		.00	
HEARING AID DISPENSERS	0	0		.00		.00	.000	.00		.00	
MEDICAL TRANSPORTATION	0	0		0.0		.00	.000	.00		0.0	
THE TOTAL TRANSPORTITION	U	U		.00		.00	.000	.00		.00	

AMBULANCES/AIR TRANS	0	0	.00		.00	.000	.00	.00
OTHER TRANS	0	0	.00		.00	.000	.00	.00
OTHER SERVICES	0	0	.00		.00	.000	.00	.00
ACUPUNCTURE	0	0	.00		.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00		.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00		.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00		.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00		.00	.000	.00	.00
OPTICIAN	0	0	.00		.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00		.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00		.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	3	311.68	10	3.89	.091	155.84	9.44
PROSTHETICS	2	3	311.68	10	3.89	.091	155.84	9.44
ORTHOTICS	0	0	.00		.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00		.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00		.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00		.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00		.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00		.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00		.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00		.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00		.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00		.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SUMMARY OF SERVICES FOR BCCTP-TOTAL

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

AMADOR COUNTY

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 905 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

					MON	ITHLY AVERAG	E
53 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	46	956 \$	59,048.05	\$ 61.77	18.038	1283.65	\$ 1114.11
@PHYSICIANS SERVICES	35	547 \$	19,510.44	\$ 35.67	10.321	557.44	\$ 368.12
OUTPATIENT VISITS	23	44	1,244.28	28.28	.830	54.10	23.48
OFFICE VISITS	23	44	1,244.28	28.28	.830	54.10	23.48
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	1	2	111.00	55.50	.038	111.00	2.09
HOSPITAL VISITS	1	2	111.00	55.50	.038	111.00	2.09
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	3	42	1,614.91	38.45	.792	538.30	30.47
PRINCIPAL SURGEON	2	2	1,011.91	505.96	.038	505.96	19.09
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	40	603.00	15.08	.755	301.50	11.38
OUTPATIENT SURGERY	4	11	996.33	90.58	.208	249.08	18.80
PRINCIPAL SURGEON	4	6	888.31	148.05	.113	222.08	16.76
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	5	108.02	21.60	.094	108.02	2.04
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	8	24	785.50	32.73	.453	98.19	14.82

RADIOLOGY	13	26		1,016.80		39.11	.491		78.22		19.18
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	6	358		12,921.87		36.09	6.755		2153.65		243.81
OTHER SERVICES/ALL X-OVERS	8	40		819.75		20.49	.755		102.47		15.47
@PHARMACY	22	57	\$	5,295.96	\$	92.91	1.075	\$	240.73	\$	99.92
PRESCRIPTION DRUGS	22	54		4,984.28		92.30	1.019		226.56		94.04
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	22	54		4,984.28		92.30	1.019		226.56		94.04
MEDICAL SUPPLIES	1	3		311.68		103.89	.057		311.68		5.88
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00		.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITUR	ES MOI	NTH-OF-PAYMENT RE	PORT	FOR JAN 2	2003 THRU 1	DEC	2003	PP	GE 906
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
AMADOR COUNTY	SUMMARY OF SERVICES FOR	BCCTP-T	OTAL								

----- MONTHLY AVERAGE -----53 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 0 .00 .00 .000 \$.00 \$.00 DIAGNOSTIC AND ANC. PROCED 0 0 .00 .00 .000 .00 .00 EYE APPLIANCES .00 .00 .00 .000 .00 OTHER OPTOMETRIC SERVICES .00 .00 .000 .00 .00 @CHIROPRACTOR .00 .00 .000 \$.00 .00 VISITS .00 .00 .000 .00 .00 .00 .00 OTHER SERVICES .00 .000 .00 @PODIATRIST .00 .00 .000 \$.00 .00 MEDICINE/INJECTIONS .00 .00 .000 .00 .00 0 .00 .00 SURGERY/ANES. .00 .000 .00 RADIO./PATHOLOGY 0 .00 .00 .000 .00 .00 OTHER .00 .00 .000 .00 .00 .000 \$ @HOME HEALTH AGENCY .00 .00 .00 .00 NURSE ANESTHESIST \$.00 .000 .00 .00 .00 .000 NURSE MIDWIFE .00 .00 .00 .00 PEDIATRIC NURSE PRACTITIONER .00 .00 .000 .00 .00 .00 .00 .000 .00 FAMILY NURSE PRACTITIONER 99.09 @TOTAL HOSPITAL 311 30,815.64 5.868 1339.81 581.43 23,553.15 2617.02 5888.29 444.40 HOSP INPATIENT TOTAL .170 3 3,630.00 3630.00 HSC HOSPITALS 1210.00 .057 68.49 NON-HSC HOSPITAL TOTAL 19,923.15 3320.53 .113 6641.05 375.91 ACCOMMODATIONS 3,614.74 602.46 1204.91 68.20 .113 ADMINISTRATIVE DAYS .00 .00 .000 .00 .00 TRANSITIONAL IP CARE .00 .00 .000 .00 .00 ALL OTHER ACCOM 3,614.74 602.46 .113 1204.91 68.20 16,308.41 .000 5436.14 ANCILLARIES INPATIENT CROSSOVERS 0 .00 .00 .000 .00 .00 .00 .00 ALL OTHER INPATIENT .00 .000 .00 7,262.49 20 302 24.05 5.698 363.12 137.03 HOSP OUTPATIENT TOTAL MEDICAL 16 446.71 27.92 .302 74.45 8.43

SURGERY	1		1	135.30		135.30	. (19	135.30		2.55
PATHOLOGY	13		76	917.16		12.07	1.4	134	70.55		17.30
RADIOLOGY	9		21	1,825.97		86.95	. 3	396	202.89		34.45
ROOM USE	8		17	728.14		42.83	. 3	321	91.02		13.74
CROSSOVERS/ALL OTH OUTPTNT	5	:	171	3,209.21		18.77	3.2	226	641.84		60.55
@COUNTY HOSPITAL TOTAL	0		0 \$.00	\$.00	. (000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0		0	.00		.00	. (000	.00	•	.00
HSC HOSPITALS	0		0	.00		.00	. (000	.00		.00
NON-HSC HOSPITALS TOTAL	0		0	.00		.00	. (000	.00		.00
ACCOMMODATIONS	0		0	.00		.00	. (000	.00		.00
ADMINISTRATIVE DAYS	0		0	.00		.00	. (000	.00		.00
TRANSITIONAL IP CARE	0		0	.00		.00	. (000	.00		.00
ALL OTHER ACCOM	0		0	.00		.00	. (000	.00		.00
ANCILLARIES	0		0	.00		.00	. (000	.00		.00
INPATIENT CROSSOVERS	0		0	.00		.00	. (000	.00		.00
ALL OTHER INPATIENT	0		0	.00		.00	. (000	.00		.00
CO HOSP OUTPATIENT TOTAL	0		0	.00		.00	. (000	.00		.00
MEDICAL	0		0	.00		.00	. (000	.00		.00
SURGERY	0		0	.00		.00	. (000	.00		.00
PATHOLOGY	0		0	.00		.00	. (000	.00		.00
RADIOLOGY	0		0	.00		.00	. (000	.00		.00
ROOM USE	0		0	.00		.00	. (000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0		0	.00		.00	. (000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPE	NDITURES	MONTH-OF-PAYMENT R	REPORT	FOR JAN	2003 TH	IRU D	EC 2003	PAGE	907
MOP024	FEE-FOR-SERVICE	/DENTAL								0	1/29/04
AMADOR COUNTY	SUMMARY OF SERV	ICES FOR BO	CCTP-TOTA	L							
								MO	NTHLY AVERA	GE	
53 ELIGIBLES	USERS	UNITS OF S	ERVICE	EXPENDITURES	AVER	AGE COST	,				T PER
		OR DAYS OF	F CARE		PER	UNIT/DAY	PER E	ELIG	USER	ELI	GIBLE

53 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVER	AGE COST	UNITS/DAY	S	COST PER	(COST PER
		OR DAYS OF CARE		PER		PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	23	311	\$ 30,815.64	\$	99.09	5.868	\$	1339.81	\$	581.43
COMM HOSP INPATIENT TOTAL	4	9	23,553.15	2	617.02	.170		5888.29		444.40
HSC HOSPITALS	1	3	3,630.00		210.00	.057		3630.00		68.49
NON-HSC HOSPITALS TOTAL	3	6	19,923.15	3	320.53	.113		6641.05		375.91
ACCOMMODATIONS	3	6	3,614.74		602.46	.113		1204.91		68.20
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	3	6	3,614.74		602.46	.113		1204.91		68.20
ANCILLARIES	3	0	16,308.41		.00	.000		5436.14		307.71
INPATIENT CROSSOVERS	0	0	.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	20	302	7,262.49		24.05	5.698		363.12		137.03
MEDICAL	6	16	446.71		27.92	.302		74.45		8.43
SURGERY	1	1	135.30		135.30	.019		135.30		2.55
PATHOLOGY	13	76	917.16		12.07	1.434		70.55		17.30
RADIOLOGY	9	21	1,825.97		86.95	.396		202.89		34.45
ROOM USE	8	17	728.14		42.83	.321		91.02		13.74
CROSSOVERS/ALL OTH OUTPTNT	5	171	3,209.21		18.77	3.226		641.84		60.55
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0	.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0	.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0	.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
LEV B-REGULAR	0	0	.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00		.00	.000		.00		.00
ICF DD	0	0	.00		.00	.000		.00		.00

ICF DDN/DDCN	0		0		.00	1	.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0		0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0		0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0		0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0		0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	4		23	\$	350.21	\$	15.23	.434	\$	87.55	\$	6.61
PATHOLOGY	4		23		350.21		15.23	.434		87.55		6.61
XO AND OTHERS	0		0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	9		15	\$	2,764.12	\$	184.27	.283	\$	307.12	\$	52.15
CLINIC	0		0		.00		.00	.000		.00		.00
SURGICENTER	0		0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0		0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	9		15		2,764.12		184.27	.283		307.12		52.15
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPE	NDITURE	S MC	ONTH-OF-PAYMENT	REPORT	FOR JAN	2003 THRU	DEC	2003	P	AGE 908
MOP024	FEE-FOR-SERVICE	DENTAL										01/29/04
AMADOR COUNTY	SUMMARY OF SERVI	ICES FOR B	CCTP-TO	TAL								
								N	TNOI	HLY AVERA	GE	
53 ELIGIBLES	USERS	UNITS OF S	ERVICE		EXPENDITURES	AVE	ERAGE COST	UNITS/DAY	ZS	COST PER		COST PER
		OR DAYS O	F CARE				R UNIT/DAY	PER ELIC	5	USER		ELIGIBLE
@ALL OTHER PROVIDERS	2		3	Ś	311.68	Ġ	103.89	.057	Ġ	155.84	Ġ	5.88

53 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@ALL OTHER PROVIDERS	2	3 \$	311.68	\$ 103.89	.057 \$	155.84	\$ 5.88
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
<pre>IHMC,MODEL-NF,NF,AIDS,MSSP</pre>	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	3	311.68	103.89	.057	155.84	5.88
PROSTHETICS	2	3	311.68	103.89	.057	155.84	5.88
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 909
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

AMADOR COUNTY SUMMARY OF SERVICES FOR QMB - ONLY AID CODE 80

107 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

@TOTAL, ALL PROVIDERS	9	9	\$ 177.85	\$ 19.76	.084	\$ 19.76	\$ 1.66
@PHYSICIANS SERVICES	6	6	\$ 142.97	\$ 23.83	.056	\$ 23.83	\$ 1.34
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00

INPATIENT HOSPITAL SURGERY	0	0	.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0	.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	Ô	.00		.00	.000		.00		.00
	0	0								
ANESTHESIOLOGIST	U	U	.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0	.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0	.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0	.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0	.00		.00	.000		.00		.00
	0	0								
DIALYSIS	U	U	.00		.00	.000		.00		.00
PATHOLOGY	0	0	.00		.00	.000		.00		.00
RADIOLOGY	0	0	.00		.00	.000		.00		.00
PSYCHIATRY	0	0	.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0	.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	6	6	142.97		23.83	.056		23.83		1.34
	0									
@PHARMACY	Ü	0 \$.00	\$.00	.000	Ş	.00	\$.00
PRESCRIPTION DRUGS	0	0	.00		.00	.000		.00		.00
SNF/ICF	0	0	.00		.00	.000		.00		.00
OUTPATIENTS	0	0	.00		.00	.000		.00		.00
MEDICAL SUPPLIES	0	0	.00		.00	.000		.00		.00
	0			d			4		4	
@DENTIST	Ü	0 \$.00	\$.00	.000	Ş	.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00		.00	.000		.00		.00
ORAL SURGERY	0	0	.00		.00	.000		.00		.00
DRUGS	0	0	.00		.00	.000		.00		.00
ANESTHESIA	0	0	.00		.00	.000		.00		.00
	0	0								
PERIODONTICS	U	U	.00		.00	.000		.00		.00
ENDODONTICS	0	0	.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0	.00		.00	.000		.00		.00
PROSTHETICS	0	0	.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0	.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	Õ	.00		.00	.000		.00		.00
	0	0								
MAXILLOFACIAL SERVICES	0	0	.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0	.00		.00	.000		.00		.00
· · · · · · · · · · · · · · · · · · ·	0	0	.00		.00 .00			.00		.00
ORTHODONTIC SERVICES	0 0 0	0 0 0	.00		.00	.000		.00		.00
ORTHODONTIC SERVICES ALL OTHER SERVICES	0 0 0	0 0 0 0 ES AND EXPENDITURES A	.00	EDOD1	.00	.000	DEC	.00	רח	.00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES N	.00	EPORT	.00	.000	DEC	.00	P <i>I</i>	.00 .00 AGE 910
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	FEE-FOR-SERVICE	ES AND EXPENDITURES N /DENTAL	.00	EPORI	.00 .00 FOR JAN	.000 .000 2003 THRU	DEC	.00	P <i>I</i>	.00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV	FEE-FOR-SERVICE	ES AND EXPENDITURES N	.00	EPORT	.00	.000 .000 2003 THRU	DEC	.00	P <i>I</i>	.00 .00 AGE 910
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	FEE-FOR-SERVICE	ES AND EXPENDITURES N /DENTAL	.00	EPORT	.00 .00 FOR JAN	.000 .000 2003 THRU		.00 .00 2003		.00 .00 GE 910 01/29/04
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY	FEE-FOR-SERVICE SUMMARY OF SERV	ES AND EXPENDITURES N /DENTAL ICES FOR QMB - ONLY	.00 .00 IONTH-OF-PAYMENT R		.00 .00 FOR JAN :	.000 .000 2003 THRU 80	ONTH	.00 .00 2003 HLY AVERA	GE -	.00 .00 .GE 910 01/29/04
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	FEE-FOR-SERVICE	ES AND EXPENDITURES N /DENTAL ICES FOR QMB - ONLY UNITS OF SERVICE	.00	AVE	.00 .00 FOR JAN : AID CODE	.000 .000 2003 THRU 80 M UNITS/DAY	ONTH	.00 .00 2003 HLY AVERA	GE -	.00 .00 GE 910 01/29/04
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 107 ELIGIBLES	FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURES N /DENTAL ICES FOR QMB - ONLY UNITS OF SERVICE OR DAYS OF CARE	.00 .00 MONTH-OF-PAYMENT R	AVE PER	.00 .00 FOR JAN : AID CODE ERAGE COST UNIT/DAY	.000 .000 2003 THRU 80 M UNITS/DAY PER ELIG	ONTH S C	.00 .00 2003 HLY AVERA COST PER USER	GE - (.00 .00 .0E 910 01/29/04 COST PER
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 107 ELIGIBLES @OPTOMETRIST	FEE-FOR-SERVICE SUMMARY OF SERV	ES AND EXPENDITURES N /DENTAL ICES FOR QMB - ONLY UNITS OF SERVICE OR DAYS OF CARE 0 \$.00 .00 IONTH-OF-PAYMENT R EXPENDITURES 12.56	AVE	.00 .00 FOR JAN AID CODE CRAGE COST UNIT/DAY .00	.000 .000 2003 THRU 80 M UNITS/DAY PER ELIG .000	ONTH S C	.00 .00 2003 HLY AVERA COST PER USER 12.56	GE - (.00 .00 .00 01/29/04 COST PER LIGIBLE .12
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 107 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED	FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURES NOT THE TOTAL ICES FOR QMB - ONLY UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0	.00 .00 IONTH-OF-PAYMENT R EXPENDITURES 12.56 .00	AVE PER	.00 .00 FOR JAN AID CODE CRAGE COST R UNIT/DAY .00 .00	.000 .000 2003 THRU 80 M UNITS/DAY PER ELIG .000 .000	ONTH S C	.00 .00 2003 HLY AVERA COST PER USER 12.56 .00	GE - (.00 .00 .00 .01/29/04
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 107 ELIGIBLES @OPTOMETRIST	FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURES N /DENTAL ICES FOR QMB - ONLY UNITS OF SERVICE OR DAYS OF CARE 0 \$.00 .00 IONTH-OF-PAYMENT R EXPENDITURES 12.56	AVE PER	.00 .00 FOR JAN AID CODE CRAGE COST UNIT/DAY .00	.000 .000 2003 THRU 80 M UNITS/DAY PER ELIG .000	ONTH S C	.00 .00 2003 HLY AVERA COST PER USER 12.56	GE - (.00 .00 .00 01/29/04 COST PER LIGIBLE .12
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 107 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURES NOT THE TOTAL ICES FOR QMB - ONLY UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0	.00 .00 IONTH-OF-PAYMENT R EXPENDITURES 12.56 .00 .00	AVE PER	.00 .00 FOR JAN AID CODE CRAGE COST R UNIT/DAY .00 .00	.000 .000 2003 THRU 80 M UNITS/DAY PER ELIG .000 .000	ONTH S C	.00 .00 2003 HLY AVERA COST PER USER 12.56 .00	GE - (.00 .00 .00 .01/29/04
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 107 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURES M/DENTAL ICES FOR QMB - ONLY UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0	.00 .00 IONTH-OF-PAYMENT R EXPENDITURES 12.56 .00 .00 12.56	AVE PER \$.00 .00 FOR JAN : AID CODE GRAGE COST & UNIT/DAY .00 .00 .00	.000 .000 2003 THRU 80 M UNITS/DAY PER ELIG .000 .000 .000	ONTH S C	.00 .00 2003 HLY AVERA COST PER USER 12.56 .00 .00 12.56	GE - (E \$.00 .00 .05 .01/29/04 COST PER ELIGIBLE .12 .00 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 107 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR	FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURES M/DENTAL ICES FOR QMB - ONLY UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0	.00 .00 IONTH-OF-PAYMENT R EXPENDITURES 12.56 .00 .00 12.56 .00	AVE PER	.00 .00 F FOR JAN : AID CODE CRAGE COST C UNIT/DAY .00 .00 .00	.000 .000 2003 THRU 80 M UNITS/DAY PER ELIG .000 .000 .000	ONTH S C	.00 .00 2003 HLY AVERA COST PER USER 12.56 .00 .00 12.56 .00	GE - (.00 .00 .05 .01/29/04
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 107 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS	FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURES M/DENTAL ICES FOR QMB - ONLY UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 \$.00 .00 IONTH-OF-PAYMENT R EXPENDITURES 12.56 .00 .00 12.56 .00 .00	AVE PER \$.00 .00 FOR JAN : AID CODE CRAGE COST QUNIT/DAY .00 .00 .00 .00	.000 .000 2003 THRU 80 M UNITS/DAY PER ELIG .000 .000 .000 .000	ONTH S C	.00 .00 2003 HLY AVERA COST PER USER 12.56 .00 .00 12.56 .00	GE - (E \$.00 .00 .05 .05 .01/29/04 .05 .05 .05 .00 .00 .12 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 107 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES	FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURES M /DENTAL ICES FOR QMB - ONLY UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0	.00 .00 IONTH-OF-PAYMENT R EXPENDITURES 12.56 .00 .00 12.56 .00 .00	AVE PEF \$.00 .00 FOR JAN : AID CODE CRAGE COST UNIT/DAY .00 .00 .00 .00	.000 .000 2003 THRU 80 M UNITS/DAY PER ELIG .000 .000 .000 .000	ONTH S C \$.00 .00 2003 HLY AVERA COST PER USER 12.56 .00 .00 12.56 .00	GE - C \$ \$.00 .00 .05 .05 .01/29/04 .05 .05 .05 .00 .00 .12 .00 .00 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 107 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST	FEE-FOR-SERVICE SUMMARY OF SERV USERS 1 0 0 1 0 0 1	ES AND EXPENDITURES M /DENTAL ICES FOR QMB - ONLY UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 1 \$.00 .00 IONTH-OF-PAYMENT R EXPENDITURES 12.56 .00 .00 12.56 .00 .00 .00	AVE PER \$.00 .00 FOR JAN : AID CODE CRAGE COST QUNIT/DAY .00 .00 .00 .00	.000 .000 2003 THRU 80 M UNITS/DAY PER ELIG .000 .000 .000 .000	ONTH S C	.00 .00 2003 HLY AVERA COST PER USER 12.56 .00 .00 12.56 .00	GE - (E \$.00 .00 .00 .01/29/04
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 107 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST	FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURES M /DENTAL ICES FOR QMB - ONLY UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0	.00 .00 IONTH-OF-PAYMENT R EXPENDITURES 12.56 .00 .00 12.56 .00 .00 .00	AVE PEF \$.00 .00 FOR JAN : AID CODE CRAGE COST UNIT/DAY .00 .00 .00 .00	.000 .000 2003 THRU 80 M UNITS/DAY PER ELIG .000 .000 .000 .000	ONTH S C \$.00 .00 2003 HLY AVERA COST PER USER 12.56 .00 .00 12.56 .00	GE - C \$ \$.00 .00 .05 .05 .01/29/04 .05 .05 .05 .00 .00 .12 .00 .00 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 107 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS	FEE-FOR-SERVICE SUMMARY OF SERV USERS 1 0 0 0 1 0 0 1 0 0 1	ES AND EXPENDITURES M /DENTAL ICES FOR QMB - ONLY UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 1 \$ 0 1 \$.00 .00 IONTH-OF-PAYMENT R EXPENDITURES 12.56 .00 .00 12.56 .00 .00 .00 5.82	AVE PEF \$.00 .00 FOR JAN : AID CODE CRAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00	.000 .000 2003 THRU 80 M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000	ONTH S C \$.00 .00 2003 HLY AVERA COST PER USER 12.56 .00 .00 12.56 .00	GE - C \$ \$.00 .00 .00 .01/29/04
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 107 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES.	FEE-FOR-SERVICE SUMMARY OF SERV USERS 1 0 0 0 1 0 1 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITURES M /DENTAL ICES FOR QMB - ONLY UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 1 \$ 0 0 1 \$.00 .00 IONTH-OF-PAYMENT R EXPENDITURES 12.56 .00 .00 12.56 .00 .00 .00 5.82 .00	AVE PEF \$.00 .00 FOR JAN : AID CODE CRAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00 .00	.000 .000 2003 THRU 80 M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000	ONTH S C \$.00 .00 2003 HLY AVERA COST PER USER 12.56 .00 .00 12.56 .00 .00	GE - C \$ \$.00 .00 .00 .01/29/04
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 107 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY	FEE-FOR-SERVICE SUMMARY OF SERV USERS 1 0 0 0 1 0 0 1 0 0 1	ES AND EXPENDITURES M/DENTAL ICES FOR QMB - ONLY UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 1 \$ 0 0 0 0 0	.00 .00 IONTH-OF-PAYMENT R EXPENDITURES 12.56 .00 .00 .00 .00 .00 .00 .00	AVE PEF \$.00 .00 .00 FOR JAN : AID CODE CRAGE COST E UNIT/DAY .00 .00 .00 .00 .00 .00 .00	.000 .000 2003 THRU 80 M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000	ONTH S C \$.00 .00 2003 HLY AVERA COST PER USER 12.56 .00 .00 12.56 .00 .00	GE - C \$ \$.00 .00 .00 .01/29/04 .OST PER ELIGIBLE .12 .00 .00 .12 .00 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 107 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER	FEE-FOR-SERVICE SUMMARY OF SERV USERS 1 0 0 1 0 1 0 0 0 1 0 1	ES AND EXPENDITURES M/DENTAL ICES FOR QMB - ONLY UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 1 \$ 0 0 1 \$ 0 1	.00 .00 IONTH-OF-PAYMENT R EXPENDITURES 12.56 .00 .00 12.56 .00 .00 .00 .00 5.82	AVE PEF \$.00 .00 .00 FOR JAN : AID CODE CRAGE COST E UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 .000 2003 THRU 80 M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONTH S C \$ \$.00 .00 2003 HLY AVERA COST PER USER 12.56 .00 .00 12.56 .00 .00 .00 5.82	GE - C \$ \$.00 .00 .00 .01/29/04 COST PER ELIGIBLE .12 .00 .00 .12 .00 .00 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 107 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY	FEE-FOR-SERVICE SUMMARY OF SERV USERS 1 0 0 0 1 0 1 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITURES M/DENTAL ICES FOR QMB - ONLY UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 1 \$ 0 0 0 1 \$ 0 0 1 \$ 0 0 0 5 0 0 0 0 0 5 0 0 0 0 5 0 0 0 0	.00 .00 IONTH-OF-PAYMENT R EXPENDITURES 12.56 .00 .00 12.56 .00 .00 .00 5.82 .00	AVE PEF \$.00 .00 .00 FOR JAN : AID CODE GRAGE COST CUNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 .000 2003 THRU 80 M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONTH S C \$ \$.00 .00 2003 HLY AVERA COST PER USER 12.56 .00 .00 12.56 .00 .00 .00 5.82 .00	GE - C \$ \$.00 .00 .00 .01/29/04
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ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 107 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY	FEE-FOR-SERVICE SUMMARY OF SERV USERS 1 0 0 1 0 1 0 0 0 1 0 1	ES AND EXPENDITURES M/DENTAL ICES FOR QMB - ONLY UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 1 \$ 0 0 0 1 \$ 0 0 1 \$ 0 0 0 5 0 0 0 0 0 5 0 0 0 0 5 0 0 0 0	.00 .00 IONTH-OF-PAYMENT R EXPENDITURES 12.56 .00 .00 12.56 .00 .00 .00 5.82 .00	AVE PEF \$.00 .00 .00 FOR JAN : AID CODE GRAGE COST CUNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 .000 2003 THRU 80 M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONTH S C \$ \$.00 .00 2003 HLY AVERA COST PER USER 12.56 .00 .00 12.56 .00 .00 .00 5.82 .00	GE - C \$ \$.00 .00 .00 .01/29/04
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NON-HSC HOSPITAL TOTAL	U	U	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	Ô	.00	.00	.000	.00	.00
	0	0					
ALL OTHER ACCOM	U	U	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
	0	0					
MEDICAL	Ū	Ü	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	Û	.00	.00	.000	.00	.00
	0	0	.00		.000		
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$		\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
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ADMINISTRATIVE DAYS	Ū	Ü	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	n	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
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CO HOSP OUTPATIENT TOTAL	Ü	Ü	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
						0.0	0.0
PATHOLOGY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY ROOM USE	0 0 0	0 0 0	.00	.00	.000	.00	.00
RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	0 0 0 0	0 0 0 0	.00 .00 .00	.00 .00 .00	.000 .000 .000	.00 .00 .00	.00 .00 .00
RADIOLOGY ROOM USE		0 0 0 0 S AND EXPENDITURES MO	.00 .00 .00	.00 .00 .00	.000 .000 .000	.00 .00 .00	.00
RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	MEDI-CAL SERVICE	S AND EXPENDITURES MO	.00 .00 .00	.00 .00 .00	.000 .000 .000	.00 .00 .00	.00 .00 .00
RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE	ES AND EXPENDITURES MO DENTAL	.00 .00 .00	.00 .00 .00 PORT FOR JAN	.000 .000 .000 2003 THRU DE	.00 .00 .00	.00 .00 .00 PAGE 911
RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE FEE-FOR-SERVICE	S AND EXPENDITURES MO	.00 .00 .00	.00 .00 .00	.000 .000 .000 2003 THRU DE	.00 .00 .00	.00 .00 .00 PAGE 911 01/29/04
RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVI	S AND EXPENDITURES MO DENTAL CES FOR QMB - ONLY	.00 .00 .00 NTH-OF-PAYMENT REI	.00 .00 .00 PORT FOR JAN AID CODE	.000 .000 .000 2003 THRU DE	.00 .00 .00 C 2003	.00 .00 .00 PAGE 911 01/29/04
RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE	S AND EXPENDITURES MO DENTAL CES FOR QMB - ONLY UNITS OF SERVICE	.00 .00 .00	.00 .00 .00 PORT FOR JAN AID CODE	.000 .000 .000 2003 THRU DE 80 MON UNITS/DAYS	.00 .00 .00 C 2003 THLY AVERA COST PER	.00 .00 .00 PAGE 911 01/29/04 GE
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RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVI	S AND EXPENDITURES MO DENTAL CES FOR QMB - ONLY UNITS OF SERVICE	.00 .00 .00 NTH-OF-PAYMENT REI	.00 .00 .00 PORT FOR JAN AID CODE	.000 .000 .000 2003 THRU DE 80 MON UNITS/DAYS	.00 .00 .00 CC 2003 THLY AVERA COST PER USER	.00 .00 .00 PAGE 911 01/29/04 GE COST PER ELIGIBLE
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RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 107 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVI USERS	S AND EXPENDITURES MODENTAL CES FOR QMB - ONLY UNITS OF SERVICE OR DAYS OF CARE 0 \$.00 .00 .00 NTH-OF-PAYMENT REI EXPENDITURES .00 .00 .00 .00	.00 .00 .00 PORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00	.000 .000 .000 2003 THRU DE 80 MON UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000	.00 .00 .00 CC 2003 THLY AVERA COST PER USER .00 .00 .00 .00	.00 .00 .00 PAGE 911 01/29/04 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00
RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 107 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVI USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITURES MODENTAL ECES FOR QMB - ONLY UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0	.00 .00 .00 NTH-OF-PAYMENT REI EXPENDITURES .00 .00 .00 .00 .00	.00 .00 .00 PORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00	.000 .000 .000 2003 THRU DE 880 MON UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000	.00 .00 .00 CC 2003 TTHLY AVERA COST PER USER .00 .00 .00 .00	.00 .00 .00 .00 PAGE 911 01/29/04 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00
RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 107 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVI USERS	S AND EXPENDITURES MODENTAL CES FOR QMB - ONLY UNITS OF SERVICE OR DAYS OF CARE 0 \$.00 .00 .00 NTH-OF-PAYMENT REI EXPENDITURES .00 .00 .00 .00 .00 .00 .00	.00 .00 .00 PORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00	.000 .000 .000 2003 THRU DE 80 MON UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000	.00 .00 .00 CC 2003 THLY AVERA COST PER USER .00 .00 .00 .00	.00 .00 .00 PAGE 911 01/29/04 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00
RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 107 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVI USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITURES MODENTAL ECES FOR QMB - ONLY UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0	.00 .00 .00 NTH-OF-PAYMENT REI EXPENDITURES .00 .00 .00 .00 .00	.00 .00 .00 PORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00	.000 .000 .000 2003 THRU DE 880 MON UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000	.00 .00 .00 CC 2003 TTHLY AVERA COST PER USER .00 .00 .00 .00	.00 .00 .00 .00 PAGE 911 01/29/04 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00
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RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 107 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVI USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	S AND EXPENDITURES MODENTAL CES FOR QMB - ONLY UNITS OF SERVICE OR DAYS OF CARE O O O O O O O O O O O O O O O O O O O	.00 .00 .00 .00 NTH-OF-PAYMENT REI	.00 .00 .00 .00 PORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 .000 .000 2003 THRU DE .80 .000 .000 .000 .000 .000 .000 .000	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.00 .00 .00 .00 PAGE 911 01/29/04 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
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RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 107 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE OF	S AND EXPENDITURES MODENTAL CCES FOR QMB - ONLY UNITS OF SERVICE OR DAYS OF CARE O \$ O O O O O O O O O O O O O O O O O	.00 .00 .00 .00 NTH-OF-PAYMENT REI EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.00 .00 .00 .00 PORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 .000 .000 2003 THRU DE .80 .000 .000 .000 .000 .000 .000 .000	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.00 .00 .00 .00 PAGE 911 01/29/04 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 107 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE OF	S AND EXPENDITURES MODENTAL CES FOR QMB - ONLY UNITS OF SERVICE OR DAYS OF CARE O O O O O O O O O O O O O O O O O O O	.00 .00 .00 .00 NTH-OF-PAYMENT REI EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.00 .00 .00 .00 PORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 .000 .000 2003 THRU DE .80 .000 .000 .000 .000 .000 .000 .000	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.00 .00 .00 .00 PAGE 911 01/29/04 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00

NON-HSC HOSPITAL TOTAL

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@NURSING FACILITY	0	0	\$.00	\$.00	.000	Ġ	.00	\$.00
LEV A-INTERMEDIATE	0	0	•	.00		.00	.000		.00	•	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	1.14	\$.00	.000	\$.00	\$.01
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		1.14		.00	.000		.00		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND I	EXPENDITU:	RES M	IONTH-OF-PAYMENT	REPORT	' FOR JAN	2003 THRU	DEC	2003	PAGE	912
MOP024	FEE-FOR-SERVICE/DENTAL									0.	1/29/04
AMADOR COUNTY	SUMMARY OF SERVICES FOR	R QMB -	ONLY			AID CODE					
4.5			_					_	HLY AVERA	-	
107 ELIGIBLES		OF SERVIC		EXPENDITURES			UNITS/DAY		COST PER		Γ PER
	OR DA	YS OF CAR	Ε .			UNIT/DAY	PER ELIG		USER		GIBLE
@ALL OTHER PROVIDERS	1	2	\$	15.36	\$	7.68	.019	\$	15.36	\$.14
DURABLE MED. EQUIP.	0	U		.00		.00	.000		.00		.00
BLOOD BANK	0	U		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00

107 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	-	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	1	2 \$	15.36	\$ 7.68	.019 \$	15.36 \$.14
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	2	15.36	7.68	.019	15.36	.14
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00 \$.00

@XOVER EXCLUDING STATE HOSP** 9 \$ 176.71 \$ 19.63 .084 \$ 19.63 \$ 1.65

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 913

MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
AMADOR COUNTY SUMMARY OF SERVICES FOR 133% PROGRAM AID CODES 72 74 8N 8P

AMADOR COUNTY	SUMMARY OF SERVICES	S FOR	133% PR(JGRAM	AID C	CODES /2 /4 8N				
								ONTHLY AVERA		
401 ELIGIBLES			SERVICE		EXPENDITURES	AVERAGE COST				COST PER
		R DAYS	OF CARE			PER UNIT/DAY		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	159		772	\$	32,727.43	\$ 42.39	1.925		\$	81.61
@PHYSICIANS SERVICES	41		101	\$	4,339.50	\$ 42.97	.252		\$	10.82
OUTPATIENT VISITS	30		34		1,164.78	34.26	.085	38.83		2.90
OFFICE VISITS	27		31		1,054.72	34.02	.077	39.06		2.63
HOME VISITS	0		0		.00	.00	.000	.00		.00
EMERGENCY ROOM	1		1		44.60	44.60	.002	44.60		.11
PREVENTIVE CARE	0		0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0		0		.00	.00	.000	.00		.00
OTHER OUTPATIENT	2		2		65.46	32.73	.005	32.73		.16
INPATIENT VISITS	3		18		892.23	49.57	.045	297.41		2.23
HOSPITAL VISITS	3		18		892.23	49.57	.045	297.41		2.23
CRITICAL CARE	0		0		.00	.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	0		0		.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	0		0		.00	.00	.000	.00		.00
EXAMINATIONS	0		0		.00	.00	.000	.00		.00
SERVICES AND MATERIALS	0		Ö		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	2		3		325.53	108.51	.007	162.77		.81
PRINCIPAL SURGEON	1		1		234.18	234.18	.002	234.18		.58
ASSISTANT SURGEON	0		Ō		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	1		2		91.35	45.68	.005	91.35		.23
OUTPATIENT SURGERY	6		16		1,362.78	85.17	.040	227.13		3.40
PRINCIPAL SURGEON	5		9		1,201.38	133.49	.022	240.28		3.00
ASSISTANT SURGEON	0		0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	1		7		161.40	23.06	.017	161.40		.40
DIALYSIS	0		0		.00	.00	.000	.00		.00
PATHOLOGY	1		4		213.58	53.40	.010	213.58		.53
			9		252.52	28.06	.010	31.57		.63
RADIOLOGY	8		0							
PSYCHIATRY	0		0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	· ·		-		.00	.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	3		17	Å	128.08	7.53	.042	42.69	4	.32
@PHARMACY	71		137	\$	4,483.12	\$ 32.72	.342		Ş	11.18
PRESCRIPTION DRUGS	71		137		4,483.92	32.73	.342	63.15		11.18
SNF/ICF	0		0		.00	.00	.000	.00		.00
OUTPATIENTS	71		137		4,483.92	32.73	.342	63.15		11.18
MEDICAL SUPPLIES	0		0		.80CF		.000	.00		.00
@DENTIST	6		33	\$	1,259.00	\$ 38.15	.082	•	\$	3.14
VISITS - DIAGNOSTIC	4		17		278.00	16.35	.042	69.50		.69
ORAL SURGERY	0		0		.00	.00	.000	.00		.00
DRUGS	0		0		.00	.00	.000	.00		.00
ANESTHESIA	0		0		.00	.00	.000	.00		.00
PERIODONTICS	0		0		.00	.00	.000	.00		.00
ENDODONTICS	2		4		284.00	71.00	.010	142.00		.71
RESTORATIVE DENTISTRY	4		12		697.00	58.08	.030	174.25		1.74
PROSTHETICS	0		0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0		0		.00	.00	.000	.00		.00
SPACE MAINTAINERS	0		0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0		0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0		0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0		0		.00	.00	.000	.00		.00
ALL OTHER SERVICES	0		0		.00	.00	.000	.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 914
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
AMADOR COUNTY SUMMARY OF SERVICES FOR 133% PROGRAM AID CODES 72 74 8N 8P

AMADOK COUNTI	SOUTH OF SERV	TCES LOK	T22.0 ET/	JGICAIN	AID	CODES	/Z /T OIN	OF				
								M	ONTI	HLY AVERA	GE	
401 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVER	AGE COST	UNITS/DAY	S (COST PER		COST PER
		OR DAYS	OF CARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	1		1	\$	47.45	\$	47.45	.002	\$	47.45	\$.12
DIAGNOSTIC AND ANC. PROCED	1		1		47.45		47.45	.002		47.45		.12
EYE APPLIANCES	0		0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00

RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00		\$.00	\$.00
@TOTAL HOSPITAL	57	161	\$	9,713.06	\$	60.33	.401	\$		\$	24.22
HOSP INPATIENT TOTAL	2	3		4,563.40		1521.13	.007		2281.70		11.38
HSC HOSPITALS	1	2		2,420.00		1210.00	.005		2420.00		6.03
NON-HSC HOSPITAL TOTAL	1	1		2,143.40		2143.40	.002		2143.40		5.35
ACCOMMODATIONS	1	1		545.85		545.85	.002		545.85		1.36
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	1		545.85		545.85	.002		545.85		1.36
ANCILLARIES	1	0		1,597.55		.00	.000		1597.55		3.98
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	56 38	158 65		5,149.66		32.59	.394		91.96		12.84
MEDICAL SURGERY	38	3		2,281.27 169.25		35.10 56.42	.162 .007		60.03 56.42		5.69
PATHOLOGY	13	29		259.20		8.94	.072		19.94		.42 .65
RADIOLOGY	13 7	9		759.04		84.34	.022		108.43		1.89
ROOM USE	30	35		1,514.33		43.27	.087		50.48		3.78
CROSSOVERS/ALL OTH OUTPTNT	13	17		166.57		9.80	.042		12.81		.42
@COUNTY HOSPITAL TOTAL	0	0	\$.00	Ś	.00	.000	Ś	.00	Ś	.00
CO HOSPITAL INPATIENT TOTAL	0	0	٧	.00	~	.00	.000	~	.00	Ψ	.00
HSC HOSPITALS	0	Ö		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	D = 0	.00		.00
	MEDI-CAL SERVICE		RES MON	TH-OF-PAYMENT R.	EPOR	T FOR JAN	2003 THRU	DEC	2003	PA	GE 915
MOP024 AMADOR COUNTY	FEE-FOR-SERVICE			7 TD	CODE	C 70 74 OM	0 D				01/29/04
AMADOR COUNTY	SUMMARY OF SERVI	ICES FOR 133% PF	COGRAM	AID	CODE	5 /2 /4 ON		רדור)	HLY AVERA	CE	
401 ELIGIBLES	USERS	UNITS OF SERVICE	,	EXPENDITURES	7/17	ERAGE COST					OST PER
401 FUIGIBLES	USEKS	OR DAYS OF CARE		EVERNOTIONES		R UNIT/DAY					LIGIBLE
@COMMUNITY HOSPITAL TOTAL	57	161	; \$	9,713.06	\$	60.33	.401		170.40		24.22
COMM HOSP INPATIENT TOTAL	2	3	Y	4,563.40	Y	1521.13	.007	Ÿ	2281.70	Ÿ	11.38
HSC HOSPITALS	1	2		2,420.00		1210.00	.005		2420.00		6.03
NON-HSC HOSPITALS TOTAL	1	1		2,143.40		2143.40	.002		2143.40		5.35
ACCOMMODATIONS	1	1		545.85		545.85	.002		545.85		1.36
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	ĺ	1		545.85		545.85	.002		545.85		1.36
ANCILLARIES	1	0		1,597.55		.00	.000		1597.55		3.98
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00

COMM HOSP OUTPATIENT TOTAL	56	158		5,149.66		32.59	.394		91.96		12.84
MEDICAL	38	65		2,281.27		35.10	.162		60.03		5.69
SURGERY	3	3		169.25		56.42	.007		56.42		.42
PATHOLOGY	13	29		259.20		8.94	.072		19.94		.65
RADIOLOGY	7	9		759.04		84.34	.022		108.43		1.89
ROOM USE	30	35		1,514.33		43.27	.087		50.48		3.78
CROSSOVERS/ALL OTH OUTPTNT	13	17		166.57		9.80	.042		12.81		.42
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	•	.00		.00	.000		.00	•	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$		\$.00
LEV A-INTERMEDIATE	0	0	•	.00		.00	.000		.00	•	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	Ġ	.00
ICF DDH	0	0	т.	.00		.00	.000	т.	.00	-	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	Ś	.00
HOSPITAL BASED	0	0	•	.00	•	.00	.000		.00	•	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	Ś	.00
HOSPITAL BASED	0	0	•	.00		.00	.000		.00	•	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00		.00	.000	\$.00	Ś	.00
PATHOLOGY	0	0	•	.00	•	.00	.000		.00	•	.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	37	61	\$	9,921.63	\$	162.65	.152	\$	268.15	\$	24.74
CLINIC	0	0	·	.00	•	.00	.000	·	.00	•	.00
SURGICENTER	1	8		274.34		34.29	.020		274.34		.68
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	36	53		9,647.29		182.02	.132		267.98		24.06
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDITU	RES MC	NTH-OF-PAYMENT	REPOR'	T FOR JAN 2	2003 THRU	DEC	2003	PF	AGE 916
MOP024	FEE-FOR-SERVICE	E/DENTAL									01/29/04
AMADOR COUNTY	SUMMARY OF SERV	ICES FOR 133% P	ROGRAM	M AID	CODE	S 72 74 8N	8P				
							M	ONT	HLY AVERA	GE -	
401 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S (COST PER	(COST PER
		OR DAYS OF CAR	E		PE	R UNIT/DAY	PER ELIG		USER	F	ELIGIBLE
@ALL OTHER PROVIDERS	12	278	\$	2,963.67	\$	10.66	.693	\$	246.97	\$	7.39
DURABLE MED. EQUIP.	1	1	•	96.98	•	96.98	.002	•	96.98	•	.24
BLOOD BANK	0	0		0.0		0.0	000		0.0		0.0

					MON	THLY AVERAGI	比
401 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	12	278 \$	2,963.67	\$ 10.66	.693 \$	246.97	\$ 7.39
DURABLE MED. EQUIP.	1	1	96.98	96.98	.002	96.98	.24
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0 0 0	0 0 0	.00	.00	.000	.00	.00

PSYCHOLOGIST	0	0	.00	.00	.000	.0	0	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.0	0	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.0	0	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.0	0	.00
LOCAL EDUCATION AGENCIES	11	277	2,866.69	10.35	.691	260.6	1	7.15
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.0	0	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.0	0	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.0	0	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.0	0	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.0	0 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.0	0 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MOP024

PAGE 917 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

01/29/04

FEE-FOR-SERVICE/DENTAL CIIMMARY OF CERVITCES FOR 1000 DECORAM

AMADOD COTINITY ATD GODEG 7A 7G OD OE

AMADOR COUNTY	SUMMARY OF SER	VICES FOR 100% PROGRAM	RAM AID CODES 7A 7C 8R 8T						
					MONT	HLY AVERAGI	Ξ		
764 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER		
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE		
@TOTAL, ALL PROVIDERS	252	1,133 \$	44,031.45	\$ 38.86	1.483 \$	174.73	\$ 57.63		
@PHYSICIANS SERVICES	54	90 \$	5,784.00	\$ 64.27	.118 \$	107.11	\$ 7.57		
OUTPATIENT VISITS	33	40	1,660.76	41.52	.052	50.33	2.17		
OFFICE VISITS	27	34	1,201.13	35.33	.045	44.49	1.57		
HOME VISITS	0	0	.00	.00	.000	.00	.00		
EMERGENCY ROOM	1	1	44.60	44.60	.001	44.60	.06		
PREVENTIVE CARE	1	0	.00	.00	.000	.00	.00		
OB VISITS/COMPRE PERI	2	2	293.51	146.76	.003	146.76	.38		
OTHER OUTPATIENT	2	2 3	121.52	40.51	.004	60.76	.16		
INPATIENT VISITS	1	2	83.57	41.79	.003	83.57	.11		
HOSPITAL VISITS	1	2	83.57	41.79	.003	83.57	.11		
CRITICAL CARE	0	0	.00	.00	.000	.00	.00		
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00		
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00		
EXAMINATIONS	0	0	.00	.00	.000	.00	.00		
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00		
INPATIENT HOSPITAL SURGERY	2	2	2,177.12	1088.56	.003	1088.56	2.85		
PRINCIPAL SURGEON	2	2	2,177.12	1088.56	.003	1088.56	2.85		
ASSISTANT SURGEON	0	0 0	.00	.00	.000	.00	.00		
ANESTHESIOLOGIST	0		.00	.00	.000	.00	.00		
OUTPATIENT SURGERY	4	14	776.82	55.49	.018	194.21	1.02		
PRINCIPAL SURGEON	2	3	574.09	191.36	.004	287.05	.75		
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00		
ANESTHESIOLOGIST	2	11	202.73	18.43	.014	101.37	.27		
DIALYSIS	0	0	.00	.00	.000	.00	.00		
PATHOLOGY	6	12	288.77	24.06	.016	48.13	.38		
RADIOLOGY	15	19	696.38	36.65	.025	46.43	.91		
PSYCHIATRY	0	0	.00	.00	.000	.00	.00		
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00		
OTHER SERVICES/ALL X-OVERS	2	1	100.58	100.58	.001	50.29	.13		
@PHARMACY	90	191 \$	9,748.22	\$ 51.04	.250 \$	108.31			
PRESCRIPTION DRUGS	88	176	8,913.14	50.64	.230	101.29	11.67		
SNF/ICF	0	0	.00	.00	.000	.00	.00		
OUTPATIENTS	88	176	8,913.14	50.64	.230	101.29	11.67		
MEDICAL SUPPLIES	6	15	835.08	55.67	.020	139.18	1.09		
@DENTIST	16	84 \$	2,241.00	\$ 26.68	.110 \$	140.06			
VISITS - DIAGNOSTIC	15	60	914.00	15.23	.079	60.93	1.20		
ORAL SURGERY	4	18	1,054.00	58.56	.024	263.50	1.38		
DRUGS	3	3	30.00	10.00	.004	10.00	.04		
ANESTHESIA	2	2	200.00	100.00	.003	100.00	.26		

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	1	1	43.00	43.00	.001	43.00	.06
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITURES MONT	H-OF-PAYMENT REPORT	FOR JAN 2	003 THRU DEC	2003	PAGE 918
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
AMADOR COUNTY	SUMMARY OF SERVICES FOR	100% PROGRAM	AID CODES	7A 7C 8R	8T		
					MONT	HIY AVERAC	F

AMADOR COUNTY	SUMMARY OF SERVICES I	FOR	100% PR	OGRAM	AID	CODES	S 7A 7C 8R	8Т				
		_ 010		0014111	1122	0022.	0 711 70 011	M	ГИС	THLY AVERA	GE	
764 ELIGIBLES	USERS UNITS	S OF	SERVICE		EXPENDITURES	AV1	ERAGE COST					COST PER
			OF CARE				R UNIT/DAY					ELIGIBLE
@OPTOMETRIST	OR I 14 6 9 1 1 1		31	\$	638.91			.041				
DIAGNOSTIC AND ANC. PROCED	6		6	•	284.70	•	47.45	.008		47.45		.37
EYE APPLIANCES	9		24		342.80		14.28	.031		38.09		.45
OTHER OPTOMETRIC SERVICES	1		1		11.41		11.41	.001		11.41		.01
@CHIROPRACTOR	1		1	\$	16.72	\$.001	\$	16.72	\$.02
VISITS	1		1	•	16.72	·	16.72	.001		16.72	·	.02
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	1		1	\$	32.02	\$	32.02	.001	\$	32.02	\$.04
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	1		1		32.02		32.02	.001		32.02		.04
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0		0	\$.00		.00	.000	\$.00	\$.00
NURSE ANESTHESIST	1		12	\$	208.28	\$	17.36	.016	\$	208.28	\$.27
NURSE MIDWIFE	0		0	\$		\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	50		207	\$	11.181.29	Ś	54.02	.271	\$	223.63		14.64
HOSP INPATIENT TOTAL	2		5		4,715.90		943.18	.007		2357.95		6.17
SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @COUNTY HOSPITAL TOTAL CO HOSPITAL INPATIENT TOTAL	1		1		1,420.01		943.18 1420.01 823.97	.001		1420.01		1.86
NON-HSC HOSPITAL TOTAL	1		4		3,295.89		823.97	.005		3295.89		4.31
ACCOMMODATIONS	1		4		1,976.00		494.00	.005		1976.00		2.59
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1		4		1,976.00		.00 .00 494.00 .00	.005		1976.00		2.59
ANCILLARIES	1		0		1,319.89		.00	.000		1319.89		1.73
INPATIENT CROSSOVERS	0		0					.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	49		202		6,465.39		32.01	.264		131.95		8.46
MEDICAL	23		41		1,950.50		47.57	.054		84.80		2.55
SURGERY	2		3		213.20		71.07	.004		106.60		.28
PATHOLOGY	20		77		976.52		12.68	.101		48.83		1.28
RADIOLOGY	16		21		1,686.77		80.32	.027		105.42		2.21
ROOM USE	28		36		1,409.85		39.16	.047		50.35		1.85
CROSSOVERS/ALL OTH OUTPTNT	15		24		228.55		9.52	.031		15.24		.30
@COUNTY HOSPITAL TOTAL	0		0	\$		\$.00	.000	\$		\$.00
	0		-		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	28 15 0 0 0 0 0 0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	Ü		0		.00		.00	.000		.00		.00
ANCILLARIES	U		0		.00		.00	.000		.00		.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES MON	TH-OF-PAYMENT REPORT	FOR JAN 200	3 THRU DEC	2003	PAGE 919
MOP024	FEE-FOR-SERVICE/DENTAL	_					01/29/04
AMADOR COUNTY	SUMMARY OF SERVICES FO	OR 100% PROGRAM	AID CODES	7A 7C 8R 81	1		
					MONT	THLY AVERAC	BE
764 ELIGIBLES	USERS UNITS	OF SERVICE	EXPENDITURES AVE	RAGE COST UN	ITS/DAYS	COST PER	COST PER
	OR DA	AYS OF CARE	PEF	UNIT/DAY E	ER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	50	207 \$	11,181.29 \$	54.02	.271 \$	223.63	\$ 14.64

COMM HOSP INPATIENT TOTAL	2	5		4,715.90		943.18	.007		2357.95		6.17
HSC HOSPITALS	1	1		1,420.01		1420.01	.001		1420.01		1.86
NON-HSC HOSPITALS TOTAL	1	4		3,295.89		823.97	.005		3295.89		4.31
ACCOMMODATIONS	1	4		1,976.00		494.00	.005		1976.00		2.59
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	4		1,976.00		494.00	.005		1976.00		2.59
	1	4 0		1,319.89					1319.89		
ANCILLARIES	1	0		•		.00	.000				1.73
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	49	202		6,465.39		32.01	.264		131.95		8.46
MEDICAL	23	41		1,950.50		47.57	.054		84.80		2.55
SURGERY	2	3		213.20		71.07	.004		106.60		.28
PATHOLOGY	20	77		976.52		12.68	.101		48.83		1.28
RADIOLOGY	16	21		1,686.77		80.32	.027		105.42		2.21
ROOM USE	28	36		1,409.85		39.16	.047		50.35		1.85
CROSSOVERS/ALL OTH OUTPTNT		24		228.55		9.52	.031		15.24		.30
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	Ġ	.00	\$.00
MENTALLY ILL	0		Ą		Ą	.00	.000	Ą	.00	Ą	.00
	0	0		.00							
DEVELOP. DISABLED	U	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	Ş	.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	Ō	\$.00	\$.00		\$.00	Ś	.00
ICF DDH	0	0	т	.00	Υ	.00	.000	τ.	.00	Ψ.	.00
ICF DD	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0		4		d			4		4	
@HEMODIALYSIS TOTAL	U	0	\$.00	\$.00	.000	Ş	.00	\$.00
HOSPITAL BASED	U	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	6	31	\$	555.76	\$	17.93	.041	\$	92.63	\$.73
PATHOLOGY	6	31	•	555.76		17.93	.041		92.63	•	.73
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	44	68	\$	9,822.41	\$	144.45		\$	223.24	\$	12.86
CLINIC	0	0	٧	.00	Υ	.00	.000	~	.00	٧	.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC											
RURAL HEALTH CLINIC	44	68		9,822.41		144.45	.089	550	223.24	_	12.86
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITUR	ES MON	NIH-OF-PAYMENI R	EPORT	FOR JAN 2	003 THRU	DEC	2003	Ρ.	AGE 920
MOP024	FEE-FOR-SERVICE						_				01/29/04
AMADOR COUNTY	SUMMARY OF SERV	ICES FOR 100% PR	OGRAM	AID	CODES						
							M		HLY AVERA	GE	
764 ELIGIBLES	USERS	UNITS OF SERVICE	1	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER	(COST PER
		OR DAYS OF CARE	1		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	63	417	\$	3,802.84	\$	9.12	.546		60.36	\$	4.98
DURABLE MED. EQUIP.	0	0		.00	т	.00	.000	r	.00	,	.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		
MEDICAL TRANSPORTATION	•	-									.00
AMBULANCES/AIR TRANS	0	0		.00		.00	.000		.00		.00
OTHER TRANS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.0	0	.00
GENETIC DISEASE TESTING	1	1	105.00	105.00	.001	105.0	0	.14
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.0	0	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.0	0	.00
OPTICIAN	11	22	183.04	8.32	.029	16.6	4	.24
PHYSICAL THERAPIST	0	0	.00	.00	.000	.0	0	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.0	0	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.0	0	.00
PROSTHETICS	0	0	.00	.00	.000	.0	0	.00
ORTHOTICS	0	0	.00	.00	.000	.0	0	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.0	0	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.0	0	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.0	0	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.0	0	.00
LOCAL EDUCATION AGENCIES	53	394	3,514.80	8.92	.516	66.3		4.60
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.0		.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.0	0	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.0	0	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.0	0	.00
@CALIF. CHILDREN SERVICES*	8	45	\$ 3,159.54	\$ 70.21	.059	\$ 394.9		4.14
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.0	0 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 FEE-FOR-SERVICE/DENTAL

PAGE 921

01/29/04

AMADOR COUNTY SUMMARY OF SERVICES FOR PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G

					MOI	NTHLY AVERAG	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	111	223 \$	9,950.41	\$ 44.62	.000	\$ 89.64	\$.00
@PHYSICIANS SERVICES	60	83 \$	5,634.87	\$ 67.89	.000	\$ 93.91	\$.00
OUTPATIENT VISITS	50	67	5,220.11	77.91	.000	104.40	.00
OFFICE VISITS	27	27	453.14	16.78	.000	16.78	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	31	40	4,766.97	119.17	.000	153.77	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	1	1	9.12	9.12	.000	9.12	.00
PRINCIPAL SURGEON	1	1	9.12	9.12	.000	9.12	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	9	9	91.18	10.13	.000	10.13	.00
RADIOLOGY	6	6	314.46	52.41	.000	52.41	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00

@PHARMACY	4	5	\$ 235.24	\$ 47.05	.000 \$	58.81	\$.00
PRESCRIPTION DRUGS	4	5	235.24	47.05	.000	58.81	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	4	5	235.24	47.05	.000	58.81	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000 \$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITURE	S MONTH-OF-PAYMENT R	EPORT FOR JAN	2003 THRU DEC	2003	PAGE 922
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
AMADOR COUNTY	SUMMARY OF SERVICES FOR	PRESUMPT	IVE ELIGIBILITY-PREG	NANT AID CODES	S 7F 7G		
					MONTH:	מתתונת עדוו	T7

----- MONTHLY AVERAGE -----USERS 00 ELIGIBLES UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 0 0 .00 .00 .000 \$.00 \$.00 DIAGNOSTIC AND ANC. PROCED 0 0 .00 .00 .000 .00 .00 EYE APPLIANCES 0 .00 .00 .000 .00 .00 OTHER OPTOMETRIC SERVICES 0 0 .00 .00 .000 .00 .00 @CHIROPRACTOR .00 \$.00 .000 .00 .00 VISITS 0 .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 OTHER SERVICES @PODIATRIST .00 .00 .000 .00 .00 MEDICINE/INJECTIONS .00 .00 .000 .00 .00 SURGERY/ANES. .00 .00 .000 .00 .00 0 .00 .00 .00 .00 RADIO./PATHOLOGY .000 OTHER .00 .00 .000 .00 .00 @HOME HEALTH AGENCY 0 .00 .00 .000 .00 .00 0 .00 .000 .00 NURSE ANESTHESIST .00 \$.00 NURSE MIDWIFE 0 .00 \$.00 .000 .00 \$.00 PEDIATRIC NURSE PRACTITIONER .00 .00 .000 .00 \$.00 FAMILY NURSE PRACTITIONER .00 \$.00 .000 .00 \$.00 @TOTAL HOSPITAL 454.63 56.83 .000 64.95 .00 .000 HOSP INPATIENT TOTAL .00 .00 .00 .00 .00 .00 .000 .00 .00 HSC HOSPITALS .00 .00 .000 .00 .00 NON-HSC HOSPITAL TOTAL ACCOMMODATIONS .00 .00 .000 .00 .00 0 .00 .00 .00 ADMINISTRATIVE DAYS .00 .000 .00 .000 TRANSITIONAL IP CARE 0 .00 .00 .00 ALL OTHER ACCOM .00 .00 .000 .00 .00 ANCILLARIES .00 .00 .00 .000 .00 INPATIENT CROSSOVERS .00 .00 .000 .00 .00 ALL OTHER INPATIENT .00 .00 .000 .00 .00 HOSP OUTPATIENT TOTAL 454.63 56.83 .000 64.95 .00 .00 .00 .00 .00 MEDICAL .000 SURGERY 0 .00 .00 .000 .00 .00 2 28.18 PATHOLOGY 14.09 .000 14.09 .00 RADIOLOGY 5 392.59 78.52 .000 78.52 .00 33.86 ROOM USE 33.86 .000 33.86 .00

CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITURES	S MONTH-OF-PAYMENT RI	EPORT FOR JA	N 2003 THRU	DEC 2003	PAGE 923
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
AMADOR COUNTY	SUMMARY OF SERVICES FOR	PRESUMPT	IVE ELIGIBILITY-PREGI	NANT AID COD	ES 7F 7G		

AMADOR COUNTY	SUMMARI OF SERV.	ICES FOR	PRESUMP.	LTAF	ELIGIBILITI-PREGI	NAINI	AID CODES	7F 7G	∩NTTT	UIV AUDDA	CE	
00 ELIGIBLES	USERS	UNITS OF	CEDUTCE		EXPENDITURES	7/17/17		UNITS/DAY		HLI AVERA COST PER		COST PER
00 FLIGIPLES	USERS	OR DAYS			EXPENDITURES			PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	7	OR DAIS	8	\$	454.63	PER \$	56.83	.000		64.95		.00
COMM HOSP INPATIENT TOTAL	,		0	Ą	.00	Ą	.00	.000	Ą	.00	Ą	.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS ADMINISTRATIVE DAYS	0		0									
	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	U		0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	7		8		454.63		56.83	.000		64.95		.00
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	2		2		28.18		14.09	.000		14.09		.00
RADIOLOGY	5		5		392.59		78.52	.000		78.52		.00
ROOM USE	1		1		33.86		33.86	.000		33.86		.00
CROSSOVERS/ALL OTH OUTPTNT	0		0		.00		.00	.000		.00		.00
@STATE HOSPITAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0		0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0		0		.00		.00	.000		.00		.00
@NURSING FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0		0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0		0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
LEV B-REGULAR	0		0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0		0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0		0		.00		.00	.000		.00		.00
ICF DD	0		0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0		0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0		0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0		0		.00		.00	.000		.00		.00

@REHABILITATION FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0		0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0		0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	46		122	\$	3,100.67	\$	25.42	.000	\$	67.41	\$.00
PATHOLOGY	46		122		3,100.67		25.42	.000		67.41		.00
XO AND OTHERS	0		0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0		0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0		0		.00		.00	.000		.00		.00
SURGICENTER	0		0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0		0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0		0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXP	ENDITURE	S MO	NTH-OF-PAYMENT RE	EPORT	FOR JAN	2003 THRU	DEC	2003	PAGE	924
MOP024	FEE-FOR-SERVICE	/DENTAL									C	1/29/04
AMADOR COUNTY	SUMMARY OF SERV	ICES FOR 1	PRESUMPT	IVE :	ELIGIBILITY-PREGN	TNAN	AID CODES	7F 7G				
								N	TNON	HLY AVERA	GE	
00 ELIGIBLES	USERS	UNITS OF S	SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAY	ZS	COST PER	COS	T PER

	OR DAYS OF CARE	C		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS 5	5	\$	525.00	\$ 105.00	.000 \$	105.00	\$.00
DURABLE MED. EQUIP. 0	0		.00	.00	.000	.00	.00
BLOOD BANK 0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS 0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION 0	0		.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS 0	0		.00	.00	.000	.00	.00
OTHER TRANS 0	0		.00	.00	.000	.00	.00
OTHER SERVICES 0	0		.00	.00	.000	.00	.00
ACUPUNCTURE 0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR 0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING 5	5		525.00	105.00	.000	105.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP 0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST 0	0		.00	.00	.000	.00	.00
OPTICIAN 0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST 0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY 0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS 0	0		.00	.00	.000	.00	.00
PROSTHETICS 0	0		.00	.00	.000	.00	.00
ORTHOTICS 0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST 0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY 0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES 0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS 0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES 0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE 0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT. 0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING 0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS 0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES* 0	0	\$.00	\$.00	.000 \$.00	\$.00
@XOVER EXCLUDING STATE HOSP** 0	0	\$.00	\$.00	.000 \$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 925
MOP024 FEE-FOR-SERVICE/DENTAL
AMADOR COUNTY SUMMARY OF SERVICES FOR MEDI-CAL TUBERCULOSIS PROGRAM AID CODE 7H

ANADOR COUNTI	DOMINANT OF DERV	TCES FOR MEDI CA	1 100	MANDONIA CICOLONIA	AID CODE	/ 11			
						MON	THLY AVERA	GE -	
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	E	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000 \$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000 \$.00	\$.00
OUTPATIENT VISITS	0	0		.00	.00	.000	.00		.00
OFFICE VISITS	0	0		.00	.00	.000	.00		.00
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00		.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00		.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00		.00
INPATIENT VISITS	0	0		.00	.00	.000	.00		.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00		.00
CRITICAL CARE	0	0		.00	.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00		.00
EXAMINATIONS	0	0		.00	.00	.000	.00		.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00		.00

OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
	0	0					
ANESTHESIOLOGIST	Ü	Ü	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	Ů.	0	.00	.00	.000	.00	.00
	0	0					
IMMUNIZATION AND INJECTION	Ü	Ü	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$.00	\$.00	.000 \$.00 \$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	Õ	0	.00	.00	.000	.00	.00
	0	· ·					
MEDICAL SUPPLIES	Ü	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00	\$.00	.000 \$.00 \$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
	0	0					
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	Ü	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
	0	0					.00
SPACE MAINTAINERS	U	0	.00	.00	.000	.00	
MAXILLOFACIAL SERVICES	0	Ü	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	. 00	.00
ALL OTHER SERVICES	0 MEDI-CAI, SERVICI	<u> </u>	.00 	.00 PORT FOR JAN 2	.000 משרת החסי	.00	.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES MONT					PAGE 926
#CALIF DEPT OF HEALTH SERV MOP024	FEE-FOR-SERVICE	ES AND EXPENDITURES MONT /DENTAL	TH-OF-PAYMENT RE	PORT FOR JAN 2	2003 THRU DEC		
#CALIF DEPT OF HEALTH SERV	FEE-FOR-SERVICE	ES AND EXPENDITURES MONT	TH-OF-PAYMENT RE	PORT FOR JAN 2	003 THRU DEC	2003	PAGE 926 01/29/04
#CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY	FEE-FOR-SERVICE SUMMARY OF SERV	ES AND EXPENDITURES MONT /DENTAL ICES FOR MEDI-CAL TUBER	TH-OF-PAYMENT RE	PORT FOR JAN 2	7H MONT	2003 HLY AVERAGE	PAGE 926 01/29/04
#CALIF DEPT OF HEALTH SERV MOP024	FEE-FOR-SERVICE	ES AND EXPENDITURES MONT /DENTAL	TH-OF-PAYMENT RE	PORT FOR JAN 2	7H MONT	2003	PAGE 926 01/29/04
#CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY	FEE-FOR-SERVICE SUMMARY OF SERV	ES AND EXPENDITURES MONT /DENTAL ICES FOR MEDI-CAL TUBER	TH-OF-PAYMENT RE	PORT FOR JAN 2	2003 THRU DEC 7H MONTE UNITS/DAYS	2003 HLY AVERAGE	PAGE 926 01/29/04
#CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 00 ELIGIBLES	FEE-FOR-SERVICE SUMMARY OF SERV	ES AND EXPENDITURES MONT /DENTAL ICES FOR MEDI-CAL TUBER UNITS OF SERVICE OR DAYS OF CARE	TH-OF-PAYMENT RE	PORT FOR JAN 2 AID CODE AVERAGE COST PER UNIT/DAY	2003 THRU DEC 7H MONTE UNITS/DAYS PER ELIG	2003 HLY AVERAGE COST PER USER	PAGE 926 01/29/04 COST PER ELIGIBLE
#CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 00 ELIGIBLES @OPTOMETRIST	FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURES MONT /DENTAL ICES FOR MEDI-CAL TUBER UNITS OF SERVICE OR DAYS OF CARE 0 \$	TH-OF-PAYMENT RE RCULOSIS PROGRAM EXPENDITURES .00	PORT FOR JAN 2 AID CODE AVERAGE COST PER UNIT/DAY \$.00	2003 THRU DEC 7H MONTE UNITS/DAYS PER ELIG .000 \$	2003 HLY AVERAGE COST PER USER .00 \$	PAGE 926 01/29/04 COST PER ELIGIBLE .00
#CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED	FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURES MONT /DENTAL ICES FOR MEDI-CAL TUBER UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0	TH-OF-PAYMENT RE RCULOSIS PROGRAM EXPENDITURES .00 .00	APORT FOR JAN 2 AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00	7H MONTY UNITS/DAYS PER ELIG .000 \$.000	2003 HLY AVERAGE COST PER USER .00 \$.00	PAGE 926 01/29/04 COST PER ELIGIBLE .00 .00
#CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURES MONT /DENTAL ICES FOR MEDI-CAL TUBER UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0	TH-OF-PAYMENT RE RCULOSIS PROGRAM EXPENDITURES .00 .00 .00	APORT FOR JAN 2 AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00	7H MONTI UNITS/DAYS PER ELIG .000 \$.000 .000	2003 HLY AVERAGE COST PER USER .00 \$.00	PAGE 926 01/29/04
#CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURES MONT /DENTAL ICES FOR MEDI-CAL TUBER UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0	TH-OF-PAYMENT RE RCULOSIS PROGRAM EXPENDITURES .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00	7H MONTI UNITS/DAYS PER ELIG .000 \$.000 .000 .000	2003 HLY AVERAGE COST PER USER .00 \$.00 .00	PAGE 926 01/29/04
#CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURES MONT /DENTAL ICES FOR MEDI-CAL TUBER UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0	TH-OF-PAYMENT RE RCULOSIS PROGRAM EXPENDITURES .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 \$.00	7H MONTI UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000	2003 HLY AVERAGE COST PER USER .00 \$.00 .00 .00 .00	PAGE 926 01/29/04
#CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURES MONT /DENTAL ICES FOR MEDI-CAL TUBER UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0	TH-OF-PAYMENT RE RCULOSIS PROGRAM EXPENDITURES .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00	7H MONTI UNITS/DAYS PER ELIG .000 \$.000 .000 .000	2003 HLY AVERAGE COST PER USER .00 \$.00 .00	PAGE 926 01/29/04
#CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR	FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURES MONT /DENTAL ICES FOR MEDI-CAL TUBER UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0	TH-OF-PAYMENT RE RCULOSIS PROGRAM EXPENDITURES .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 \$.00	7H MONTI UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000	2003 HLY AVERAGE COST PER USER .00 \$.00 .00 .00 .00	PAGE 926 01/29/04
#CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES	FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURES MONT /DENTAL ICES FOR MEDI-CAL TUBER UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0	TH-OF-PAYMENT RE RCULOSIS PROGRAM EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 \$.00 \$.00 .00	7H MONTY UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000	2003 HLY AVERAGE COST PER USER .00 \$.00 .00 .00 .00 .00 .00	PAGE 926 01/29/04
#CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST	FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURES MONT /DENTAL ICES FOR MEDI-CAL TUBER UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	TH-OF-PAYMENT RE RCULOSIS PROGRAM EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 \$.00 \$.00 .00 \$.00 .00 \$.00	7H MONTY UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 \$.000 .000 \$.000	2003 HLY AVERAGE COST PER USER .00 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .0	PAGE 926 01/29/04
#CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS	FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURES MONT /DENTAL ICES FOR MEDI-CAL TUBER UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0	TH-OF-PAYMENT RE RCULOSIS PROGRAM EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 \$.00 \$.00 .00 \$.00 .00 \$.00 .00 .00 .00	7H MONTY UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	2003 HLY AVERAGE COST PER USER .00 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .0	PAGE 926 01/29/04
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#CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY	FEE-FOR-SERVICE SUMMARY OF SERVI USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITURES MONT/DENTAL ICES FOR MEDI-CAL TUBER UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 \$ 0 0 \$ 0 0 0 \$ 0 0 0 \$ 0 0 0 \$ 0	TH-OF-PAYMENT RE RCULOSIS PROGRAM EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	APORT FOR JAN 2 AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 \$.00 \$.00 .00 \$.00 .00 .00 \$.00 .00 .00 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	7H MONTI UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	2003 HLY AVERAGE COST PER USER .00 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	PAGE 926 01/29/04
#CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST	FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITURES MONT / DENTAL ICES FOR MEDI-CAL TUBER UNITS OF SERVICE OR DAYS OF CARE O \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$	TH-OF-PAYMENT RE RCULOSIS PROGRAM EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	APORT FOR JAN 2 AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 \$.00 \$.00 \$.00 .00 .00 \$.00 .00 \$.00 .00 \$.00 .00 \$.00 .00 .00 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	7H MONTI UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	2003 HLY AVERAGE COST PER USER	PAGE 926 01/29/04
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#CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITURES MONT /DENTAL ICES FOR MEDI-CAL TUBER UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 \$	TH-OF-PAYMENT RE RCULOSIS PROGRAM EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	APORT FOR JAN 2 AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00 \$.00 \$.00 \$.00 .00 .00 \$.00 \$.00 .00 \$.00	7H MONTI UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	2003 HLY AVERAGE COST PER USER	PAGE 926 01/29/04
#CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITURES MONT/DENTAL ICES FOR MEDI-CAL TUBER UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 \$	TH-OF-PAYMENT RE RCULOSIS PROGRAM EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 \$.00 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	7H MONTY UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	2003 HLY AVERAGE COST PER USER .00 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	PAGE 926 01/29/04
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#CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITURES MONT/DENTAL ICES FOR MEDI-CAL TUBER UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 \$	TH-OF-PAYMENT RE RCULOSIS PROGRAM EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 \$.00 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	7H MONTY UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	2003 HLY AVERAGE COST PER USER .00 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	PAGE 926 01/29/04
#CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL	FEE-FOR-SERVICE SUMMARY OF SERVE USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITURES MONTO TO THE PROPERTY OF SERVICE OR DAYS OF CARE OR DAYS OF CARE O \$ O	TH-OF-PAYMENT RE RCULOSIS PROGRAM EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	APORT FOR JAN 2 AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 \$.00 \$.00 .00 \$.00 .00 \$.00 .00 \$.00 .00 \$.00 .00 \$.00 .00 .00 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	7H MONTI UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	2003 HLY AVERAGE COST PER USER .00 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	PAGE 926 01/29/04
#CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS	FEE-FOR-SERVICE SUMMARY OF SERVICE SUMMARY OF SERVICE USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITURES MONT/DENTAL ICES FOR MEDI-CAL TUBER UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 \$	TH-OF-PAYMENT RE RCULOSIS PROGRAM EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	APORT FOR JAN 2 AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 \$.00 \$.00 \$.00 .00 \$.00 .00 \$.00	7H MONTI UNITS/DAYS PER ELIG .000 \$.0	2003 HLY AVERAGE COST PER USER .00 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	PAGE 926 01/29/04
#CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL	FEE-FOR-SERVICE SUMMARY OF SERVICE SUMMARY OF SERVICE USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITURES MONT/DENTAL ICES FOR MEDI-CAL TUBER UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 \$ 0 \$	TH-OF-PAYMENT RE RCULOSIS PROGRAM EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	APORT FOR JAN 2 AID CODE AVERAGE COST PER UNIT/DAY \$.00	7H MONTI UNITS/DAYS PER ELIG .000 \$.0	2003 HLY AVERAGE COST PER USER .00 \$.00	PAGE 926 01/29/04
#CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS	FEE-FOR-SERVICE SUMMARY OF SERVICE SUMMARY OF SERVICE USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITURES MONT/DENTAL ICES FOR MEDI-CAL TUBER UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0	TH-OF-PAYMENT RE RCULOSIS PROGRAM EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	APORT FOR JAN 2 AID CODE AVERAGE COST PER UNIT/DAY \$.00	7H MONTI UNITS/DAYS PER ELIG .000 \$.0	2003 HLY AVERAGE COST PER USER	PAGE 926 01/29/04
#CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	FEE-FOR-SERVICE SUMMARY OF SERVICE SUMMARY OF SERVICE USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITURES MONTO TO THE PROPERTY OF SERVICE OR DAYS OF CARE OR DAYS OF CARE O \$ O 0 O \$ O \$ O \$ O \$ O \$ O \$	TH-OF-PAYMENT RE RCULOSIS PROGRAM EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AID CODE AVERAGE COST PER UNIT/DAY \$.00	7H MONTI UNITS/DAYS PER ELIG .000 \$.0	2003 HLY AVERAGE COST PER USER .00 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	PAGE 926 01/29/04 COST PER ELIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
#CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS	FEE-FOR-SERVICE SUMMARY OF SERVICE SUMMARY OF SERVICE USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITURES MONT/DENTAL ICES FOR MEDI-CAL TUBER UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0	TH-OF-PAYMENT RE RCULOSIS PROGRAM EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	APORT FOR JAN 2 AID CODE AVERAGE COST PER UNIT/DAY \$.00	7H MONTI UNITS/DAYS PER ELIG .000 \$.0	2003 HLY AVERAGE COST PER USER	PAGE 926 01/29/04

ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN 2	2003 THRU DE	C 2003	PAGE 927
MOP024	FEE-FOR-SERVICE/I	ENTAL					01/29/04
AMADOR COUNTY	SUMMARY OF SERVIC	ES FOR MEDI-CAL '	TUBERCULOSIS PROGRA	M AID CODE	7H		
					MON'	THLY AVERAG	E
00 ELIGIBLES	USERS U	NITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$		\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HOO HOODIMALO	0	^	0.0	0.0	000	0.0	0.0

					MON	ITLI AVERAG	E
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000 \$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000 \$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000 \$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00

LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-REGULAR	0	0		.00	.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00 \$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00		.00
ICF DD	0	0		.00	.00	.000	.00		.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00 \$.00		\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00		.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00		.00
@REHABILITATION FACILITY	0	0	\$.00 \$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00		.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00		.00
@LABORATORY FACILITY	0	0	\$.00 \$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
XO AND OTHERS	0	0		.00	.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00 \$.00	.000	\$.00	\$.00
CLINIC	0	0		.00	.00	.000	.00		.00
SURGICENTER	0	0		.00	.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00		.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITUR	ES MONTH-OF-PA	YMENT REPO	ORT FOR JAN 2003	THRU I	DEC 2003	PAGI	
MOP024	FEE-FOR-SERVICE/DENTAL							(01/29/04
AMADOR COUNTY	SUMMARY OF SERVICES FOR	MEDI-CAI	L TUBERCULOSIS	PROGRAM	AID CODE 7H				

----- MONTHLY AVERAGE -----00 ELIGIBLES **USERS** UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG **USER** ELIGIBLE 0 .000 \$ @ALL OTHER PROVIDERS 0 .00 \$.00 .00 \$.00 DURABLE MED. EQUIP. 0 .00 .00 .000 .00 .00 BLOOD BANK .00 .00 .000 .00 0 0 .00 HEARING AID DISPENSERS .00 .00 .000 .00 .00 MEDICAL TRANSPORTATION .00 .00 .000 .00 .00 .00 AMBULANCES/AIR TRANS .00 .00 .000 .00 OTHER TRANS .00 .00 .000 .00 .00 OTHER SERVICES .00 .00 .000 .00 .00 ACUPUNCTURE .00 .00 .000 .00 .00 ADULT DAY HEALTH CARE CTR .00 .00 .000 .00 .00 GENETIC DISEASE TESTING .00 .00 .000 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP 0 .00 .00 .000 .00 .00 .00 OCCUPATIONAL THERAPIST .00 .000 .00 .00 OPTICIAN .00 .00 .000 .00 .00 PHYSICAL THERAPIST .00 .00 .000 .00 .00 PORTABLE X-RAY .00 .00 .000 .00 .00 PROSTHETIST/ORTHOTISTS .00 .000 .00 .00 .00 PROSTHETICS .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 ORTHOTICS .00 .00 .00 .00 PSYCHOLOGIST .000 SPEECH AND AUDIOLOGY .00 .00 .000 .00 .00 .00 HOSPICE SERVICES .00 .000 .00 .00 NONINST BIRTHING CENTERS .00 .00 .000 .00 .00 LOCAL EDUCATION AGENCIES .00 .00 .000 .00 .00 EPSDT SUPPLEMENTAL SERVICE .00 .00 .000 .00 .00 RESPIRATORY CARE PRACT. .00 .00 .000 .00 .00 PED SUBACUTE REHAB/WEANING .00 .00 .000 .00 .00 ALL OTHER PROVIDERS 0 .00 .00 .000 .00 .00 @CALIF. CHILDREN SERVICES* .00 \$.00 .000 \$.00 \$.00 @XOVER EXCLUDING STATE HOSP** 0 .00 .000 .00 .00 .00 \$ \$ \$

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 929
MOP024 FEE-FOR-SERVICE/DENTAL
AMADOR COUNTY SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N

					MO	NTHLY AVERA	GE	
56 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	49	300	\$ 27,292.20	\$ 90.97	5.357	\$ 556.98	\$	487.36
@PHYSICIANS SERVICES	30	148	\$ 7,576.18	\$ 51.19	2.643	\$ 252.54	\$	135.29
OUTPATIENT VISITS	9	14	1,211.67	86.55	.250	134.63		21.64
OFFICE VISITS	4	5	231.32	46.26	.089	57.83		4.13
HOME VISITS	0	0	.00	.00	.000	.00		.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00		.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	7	9	980.35	108.93	.161	140.05		17.51
OTHER OUTPATIENT	0	0	.00	.00	.000	.00		.00
INPATIENT VISITS	2	4	167.14	41.79	.071	83.57		2.98

HOSPITAL VISITS	2	1		167.14		41.79	.071		83.57		2.98
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000				.00
	0	0							.00		
EXAMINATIONS	U	U		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	6	39		2,996.81		76.84	.696		499.47		53.51
PRINCIPAL SURGEON	2	2		2,177.24		1088.62	.036		1088.62		38.88
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	4	37		819.57		22.15	.661		204.89		14.64
OUTPATIENT SURGERY	9	19		1,966.15		103.48	.339		218.46		35.11
PRINCIPAL SURGEON	9	13		1,731.22		133.17	.232		192.36		30.91
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	6	6		234.93		39.16	.107		39.16		4.20
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	7	19		80.14		4.22	.339		11.45		1.43
RADIOLOGY	11	13		773.56		59.50	.232		70.32		13.81
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	12	33		247.21		7.49	.589		20.60		4.41
OTHER SERVICES/ALL X-OVERS	2	7		133.50		19.07	.125		66.75		2.38
@PHARMACY	16	29	\$	688.72	\$	23.75	.518	Ś	43.05	\$	12.30
PRESCRIPTION DRUGS	16	29	٧	688.72	Ψ	23.75	.518	~	43.05	٧	12.30
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	16	29		688.72		23.75	.518		43.05		12.30
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	Ś	.00
VISITS - DIAGNOSTIC	0	0	Ą	.00	Ą	.00	.000	Ą	.00	Ą	.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
	0	0									
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	U	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITU	RES M	MONTH-OF-PAYMENT RE	EPORT	FOR JAN 2	003 THRU	DEC	2003	PA	
MOP024	FEE-FOR-SERVICE/DENTA	L									01/29/04
AMADOR COUNTY	SUMMARY OF SERVICES F	OR MINOR (CONSE	ENT AID CODES AID C	CODES	7M 7P 7R	7N				
								. O . T.		~=	

111111111111111111111111111111111111111	DOIMENT OF DERIVEDED FO				0022	, , ,	, - •				
							MO	NT	HLY AVERA	GE	
56 ELIGIBLES	USERS UNITS	OF SERVICE]	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	;	COST PER		COST PER
	OR DA	YS OF CARE]		PEF	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	Ś	.00	.000	Ġ	.00	\$.00

NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT HOSP OUTPATIENT TOTAL MEDICAL	0		\$.00	\$.00	.000		.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00		.00	.000		.00		.00
@TOTAL HOSPITAL	15	68	\$	17,318.07	\$	254.68	1.214	\$	1154.54	\$	309.25
HOSP INPATIENT TOTAL	4	17		15,972.23		939.54	.304		3993.06		285.22
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	4	17		15,972.23		939.54	.304		3993.06		285.22
ACCOMMODATIONS	4	17		6,980.90		410.64	.304		1745.23		124.66
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	4	17		6,980.90		410.64 .00 .00 410.64	.304		1745.23		124.66
ANCILLARIES	4			8,991.33		.00	.000		2247.83		160.56
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	Õ		0.0		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	13	51		.00 1,345.84 63.34		26.39	.911		103.53		24.03
MEDICAL	2	3		63.34		21.11	.054		31.67		1.13
SURGERY	2	3		89.14		29.71	.054		44.57		1.59
PATHOLOGY	6	16		204.36		12.77	.286		34.06		3.65
DADTOLOGY	4	10		319.63		79.91	.071		79.91		5.71
RADIOLOGI DOOM HEE	4	0 68 17 0 17 17 0 0 0 0 51 3 3 16 4 9 16 19 0 0 0 0 0 0 0		477.64		53.07	.161		95.53		8.53
ROOM USE	5	16		191.73		11.98	.286				3.42
CRUSSUVERS/ALL UIH UUIPINI	0	10	4	499.81	\$	26.31	.339	۲,	31.96	۲.	8.93
@COUNTY HOSPITAL TOTAL	2	19	Ş	499.81	Þ			Þ	249.91 .00	Þ	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000				
HSC HOSPITALS	0	U		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000				.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000				.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	2	19		499.81		26.31	.339		249.91		8.93
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	1	2		56.67		28.34	.036		56.67		1.01
PATHOLOGY	1	7		130.57		18.65	.125		130.57		2.33
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	1	4		243.61		60.90	.071		243.61		4.35
RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @COUNTY HOSPITAL TOTAL CO HOSPITAL INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	2	6		68.96		11.49	.107				1.23
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC							DEC	2003	P	AGE 931
MOP024 AMADOR COUNTY	FEE-FOR-SERVICE	C/DENTAL									01/29/04
AMADOR COUNTY	SUMMARY OF SERV	ICES FOR MINOR CO	NSEN	T AID CODES AID	CODES	S 7M 7P 7R	7N				
							M	TNC	HLY AVERA	GE ·	
56 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVI	ERAGE COST	UNITS/DAY	S	COST PER	(COST PER
		OR DAYS OF CARE				R UNIT/DAY	PER ELIG		USER]	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	13	49	\$	16,818.26	\$.875	\$	1293.71	\$	300.33
COMM HOSP INPATIENT TOTAL	4 0 4 4	17		15,972.23	•	343.23 939.54 .00	.304		3993.06		285.22
HSC HOSPITALS	0	0		.00		939.54 .00 939.54	.000		.00		.00
NON-HSC HOSPITALS TOTAL	4	17		15,972.23		939.54	.304		3993.06		285.22
ACCOMMODATIONS	4	17		6.980.90		410.64	.304		1745.23		124.66

56 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	13	49 \$	16,818.26	\$ 343.23	.875	1293.71	\$ 300.33
COMM HOSP INPATIENT TOTAL	4	17	15,972.23	939.54	.304	3993.06	285.22
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	4	17	15,972.23	939.54	.304	3993.06	285.22
ACCOMMODATIONS	4	17	6,980.90	410.64	.304	1745.23	124.66
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	4	17	6,980.90	410.64	.304	1745.23	124.66
ANCILLARIES	4	0	8,991.33	.00	.000	2247.83	160.56
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	11	32	846.03	26.44	.571	76.91	15.11
MEDICAL	2	3	63.34	21.11	.054	31.67	1.13
SURGERY	1	1	32.47	32.47	.018	32.47	.58
PATHOLOGY	5	9	73.79	8.20	.161	14.76	1.32

RADIOLOGY	4	4		319.63		79.91	.071		79.91		5.71
ROOM USE	4	5		234.03		46.81	.089		58.51		4.18
CROSSOVERS/ALL OTH OUTPINT	4	10		122.77		12.28	.179		30.69		2.19
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	11	42	\$	582.81	\$	13.88	.750	\$	52.98	\$	10.41
PATHOLOGY	11	42		582.81		13.88	.750		52.98		10.41
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	4	10	\$	811.42	\$	81.14	.179	\$	202.86	\$	14.49
CLINIC	1	7		314.11		44.87	.125		314.11		5.61
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	3	3		497.31		165.77	.054		165.77		8.88
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	XPENDIT	URES MONT	TH-OF-PAYMENT RE	EPORT	FOR JAN 2003	THRU	DEC	2003	PA	GE 932
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
AMADOR COUNTY	SUMMARY OF SERVICES FOR	MINOR	CONSENT	AID CODES AID C	CODES	7M 7P 7R 7N					
										~-	

----- MONTHLY AVERAGE -----56 ELIGIBLES **USERS** UNITS OF SERVICE **EXPENDITURES** AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER ELIG USER ELIGIBLE PER UNIT/DAY 315.00 105.00 105.00 @ALL OTHER PROVIDERS 3 3 .054 \$ \$ 5.63 .00 DURABLE MED. EQUIP. 0 0 .00 .000 .00 .00 0 0 .00 .00 .000 .00 BLOOD BANK .00 HEARING AID DISPENSERS 0 0 .00 .00 .000 .00 .00 MEDICAL TRANSPORTATION .00 .00 .000 .00 .00 AMBULANCES/AIR TRANS .00 .00 .000 .00 .00 OTHER TRANS .00 .00 .000 .00 .00 OTHER SERVICES .00 .00 .000 .00 .00 ACUPUNCTURE .00 .00 .000 .00 .00 .00 ADULT DAY HEALTH CARE CTR .00 .000 .00 .00 GENETIC DISEASE TESTING 3 315.00 105.00 .054 105.00 5.63 0 .00 .00 .000 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST 0 .00 .00 .000 .00 .00 OPTICIAN .00 .00 .000 .00 .00 PHYSICAL THERAPIST .00 .00 .000 .00 .00 PORTABLE X-RAY 0 .00 .00 .000 .00 .00 PROSTHETIST/ORTHOTISTS .00 .00 .000 .00 .00 .00 PROSTHETICS .00 .000 .00 .00 .00 .00 .000 .00 .00 ORTHOTICS PSYCHOLOGIST 0 0 .00 .00 .000 .00 .00 0 .00 .00 .00 .00 SPEECH AND AUDIOLOGY .000 HOSPICE SERVICES 0 .00 .00 .000 .00 .00 NONINST BIRTHING CENTERS 0 .00 .00 .000 .00 .00

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00 \$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 933 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

MOP024	FEE-FOR-SERVICE								01/29/04
AMADOR COUNTY	SUMMARY OF SERV	ICES FOR	EDWARDS	CASES	IN PA-FAMILIES	AID CODE	38		
							MO	NTHLY AVERA	GE
365 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVERAGE COST	T IINTTS/DAYS	COST PER	COST PER
303 111011111	OBLIE		OF CARE		LIII LIIDI I OICLO	PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	266	OK DAID	942	\$	51,073.10	\$ 54.22	2.581		\$ 139.93
· · · · · · · · · · · · · · · · · · ·								\$ 192.00	φ 139.93
@PHYSICIANS SERVICES	59		79	\$	4,022.33	\$ 50.92	.216	\$ 68.18	\$ 11.02
OUTPATIENT VISITS	38		42		1,647.55	39.23	.115	43.36	4.51
OFFICE VISITS	27		28		897.39	32.05	.077	33.24	2.46
HOME VISITS	0		0		.00	.00	.000	.00	.00
EMERGENCY ROOM	10		13		717.43	55.19	.036	71.74	1.97
PREVENTIVE CARE	0		0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0		0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	1		1		32.73	32.73	.003	32.73	.09
INPATIENT VISITS	2		6		254.05	42.34	.016	127.03	.70
	2		6						
HOSPITAL VISITS	2				254.05	42.34	.016	127.03	.70
CRITICAL CARE	U		0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0		0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1		2		65.65	32.83	.005	65.65	.18
EXAMINATIONS	1		2		65.65	32.83	.005	65.65	.18
SERVICES AND MATERIALS	0		0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	3		3		1,355.85	451.95	.008	451.95	3.71
PRINCIPAL SURGEON	3		3		1,355.85	451.95	.008	451.95	3.71
ASSISTANT SURGEON	0		0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0		0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	3		4		316.78	79.20	.011	105.59	.87
	3		4						
PRINCIPAL SURGEON	3		4		309.08	77.27	.011	103.03	.85
ASSISTANT SURGEON	0		0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0		0		7.70	.00	.000	.00	.02
DIALYSIS	0		0		.00	.00	.000	.00	.00
PATHOLOGY	3		3		16.39	5.46	.008	5.46	.04
RADIOLOGY	15		17		287.71	16.92	.047	19.18	.79
PSYCHIATRY	0		0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0		0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	2		2		78.35	39.18	.005	39.18	.21
@PHARMACY	145		294	\$	14,212.50	\$ 48.34	.805		\$ 38.94
PRESCRIPTION DRUGS	144		290	Ą	14,032.87	48.39	.795	97.45	38.45
	0		290		•		.000	.00	
SNF/ICF	-		-		.00	.00			.00
OUTPATIENTS	144		290		14,032.87	48.39	.795	97.45	38.45
MEDICAL SUPPLIES	2		4		179.63	44.91	.011	89.82	.49
@DENTIST	13		48	\$	2,772.00	\$ 57.75	.132		\$ 7.59
VISITS - DIAGNOSTIC	5		24		426.00	17.75	.066	85.20	1.17
ORAL SURGERY	2		6		623.00	103.83	.016	311.50	1.71
DRUGS	0		0		.00	.00	.000	.00	.00
ANESTHESIA	0		0		.00	.00	.000	.00	.00
PERIODONTICS	0		0		.00	.00	.000	.00	.00
ENDODONTICS	2		5		687.00	137.40	.014	343.50	1.88
	4		12		966.00	80.50	.014	241.50	
RESTORATIVE DENTISTRY	0								2.65
PROSTHETICS	U		0		.00	.00	.000	.00	.00

DENTURES, STAYPLATES	0		0		.00		.00	.00	0 (.0	0		.00
SPACE MAINTAINERS	0		0		.00		.00	.00	0 (. 0	0		.00
MAXILLOFACIAL SERVICES	0		0		.00		.00	.00	0 (. 0	0		.00
FRACTURES, DISLOCATIONS	0		0		.00		.00	.00	0 (.0	0		.00
ORTHODONTIC SERVICES	1		1		70.00		70.00	.00	3	70.0	0		.19
ALL OTHER SERVICES	0		0		.00		.00	.00	0 (. 0	0		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXE	PENDITURE	ES MON'	TH-OF-PAYMENT R	EPORT F	OR JAN	2003 THE	U DE	EC 2003		PAGE	934
MOP024	FEE-FOR-SERVICE/D	ENTAL										01	./29/04
AMADOR COUNTY	SUMMARY OF SERVIC	ES FOR	EDWARDS	CASES	IN PA-FAMILIES	S P	ID CODE	38					
									MON	THLY AVE	RAGI	3	
365 ELIGIBLES	USERS U	NITS OF	SERVICE		EXPENDITURES	AVER <i>A</i>	GE COST	UNITS/I	DAYS	COST PE	R	COST	PER
		OR DAYS	OF CARE			PER U	NIT/DAY	PER EI	ιIG	USER		ELIG	SIBLE
@OPTOMETRIST	5		8	\$	280.10	\$	35.01	. 02	22 \$	56.0	2	\$.77
DIAGNOSTIC AND ANC. PROCED	5		5		237.25		47.45	.01	. 4	47.4	5		.65
EYE APPLIANCES	1		3		42.85		14.28	.00	8 (42.8	5		.12
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.00	00	.0	0		.00

@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	Ą	.00	Ą	.00	.000	Ų		Ą	
	0								.00		.00
OTHER SERVICES	U	0		.00		.00	.000	_	.00	_	.00
@PODIATRIST	0	0	\$.00	\$.00		\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	Ô	0	Ś	.00	Ġ	.00		\$.00	Ś	.00
NURSE ANESTHESIST	0	0	Ġ	.00	\$.00		\$.00	\$.00
	0	0	ب ب								
NURSE MIDWIFE	0		Ş	.00	\$.00		\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	Ş	.00	\$.00		\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00		\$.00	\$.00
@TOTAL HOSPITAL	73	328	\$	16,578.63	\$	50.54	.899	\$	227.10	\$	45.42
HOSP INPATIENT TOTAL	2	7		7,715.21		1102.17	.019		3857.61		21.14
HSC HOSPITALS	1	3		3,030.03		1010.01	.008		3030.03		8.30
NON-HSC HOSPITAL TOTAL	_ 1	4		4,685.18		1171.30	.011		4685.18		12.84
ACCOMMODATIONS	1	1		2,523.04		630.76	.011		2523.04		6.91
	0	4									
ADMINISTRATIVE DAYS	•	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	Ü		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	4		2,523.04		630.76	.011		2523.04		6.91
ANCILLARIES	1	0		2,162.14		.00	.000		2162.14		5.92
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	73	321		8,863.42		27.61	.879		121.42		24.28
MEDICAL	42	75		3,408.81		45.45	.205		81.16		9.34
SURGERY	2	2		108.34		54.17	.005		54.17		.30
	21										
PATHOLOGY		96		949.40		9.89	.263		45.21		2.60
RADIOLOGY	15	19		844.00		44.42	.052		56.27		2.31
ROOM USE	50	72		2,689.34		37.35	.197		53.79		7.37
CROSSOVERS/ALL OTH OUTPTNT	19	57		863.53		15.15	.156		45.45		2.37
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
	0	0									
ADMINISTRATIVE DAYS	U	U		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	Ü	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
	0	0									
PATHOLOGY	U	0		.00		.00	.000		.00		.00
RADIOLOGY	Ü	Ü		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	ES MC	ONTH-OF-PAYMENT RE	EPOR	T FOR JAN 2	2003 THRU D	EC	2003	P.	AGE 935
MOP024	FEE-FOR-SERVICE										01/29/04
AMADOR COUNTY		ICES FOR EDWARDS	CASE	ST TN DA-FAMILTES		AID CODE	3.8				01/2//01
Thinboic Coonii	Bornanci oi Blicv	TODO TOR EDWINDS	CILDI	36 IN 171 1711-11116		TIED CODE	MC	וידא	HIV AMEDA	CF	
26E ELICIDIEC	HCEDC	INITE OF CEDUTOR		EADENDIATIOEC	71 7 7	ERAGE COST					
365 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES							COST PER
		OR DAYS OF CARE		46		R UNIT/DAY		_	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	73	328	\$	16,578.63	\$	50.54	.899	\$	227.10	\$	45.42
COMM HOSP INPATIENT TOTAL	2	7		7,715.21		1102.17	.019		3857.61		21.14
HSC HOSPITALS	1	3		3,030.03		1010.01	.008		3030.03		8.30
NON-HSC HOSPITALS TOTAL	1	4		4,685.18		1171.30	.011		4685.18		12.84
ACCOMMODATIONS	1	$\bar{4}$		2,523.04		630.76	.011		2523.04		6.91
1.000.1.00.1.1.101.0	-	*		2,323.01		000.70					· · · · ·

ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	4		2,523.04		630.76	.011		2523.04		6.91
ANCILLARIES	1	0		2,162.14		.00	.000		2162.14		5.92
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	73	321		8,863.42		27.61	.879		121.42		24.28
MEDICAL	42	75		3,408.81		45.45	.205		81.16		9.34
SURGERY	2	2		108.34		54.17	.005		54.17		.30
PATHOLOGY	21	96		949.40		9.89	.263		45.21		2.60
RADIOLOGY	15	19		844.00		44.42	.052		56.27		2.31
ROOM USE	50	72		2,689.34		37.35	.197		53.79		7.37
CROSSOVERS/ALL OTH OUTPTNT		57		863.53		15.15	.156		45.45		2.37
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0	4.	.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	Ş	.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0	_	.00		.00	.000	_	.00	_	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	Ş	.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	Ş	.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	U	0	Å	.00	d	.00	.000	4	.00	4	.00
@LABORATORY FACILITY	8	15 15	\$	231.98	\$	15.47 15.47	.041	Ş	29.00 29.00	\$.64
PATHOLOGY	8	0		231.98			.041				.64
XO AND OTHERS	4.0		4	.00	4	.00	.000 .219	ė.	.00 244.25	4	.00
@ORGANIZED OUTPATIENT CLINIC	48	80 12	\$	11,723.88	\$	146.55 21.02	.033	Þ	63.07	\$	32.12
CLINIC	4	0		252.28 .00		.00	.000		.00		.69 .00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC RURAL HEALTH CLINIC	44	68		11,471.60		168.70	.186		260.72		31.43
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES		DEC MON		ים∩חי			חפכ		D	AGE 936
MOP024	FEE-FOR-SERVICE/I		CES MOIN	III-OF-PAIMENT KE	i P OIX I	. FOR UAN	2005 11110	DEC	2003	F	01/29/04
AMADOR COUNTY	SUMMARY OF SERVICE		CASES	TN DA-FAMTI.TES		AID CODE	3.8				01/25/04
TI-IIIDOIC COONTT	BOHMIN OF BLICVE	LED TOR EDWIND	CILDED	111 171 1711111111111111111111111111111		TIED CODE	M	ONT	HIY AVERA	GE.	
365 ELIGIBLES	USERS (JNITS OF SERVICE	₹;	EXPENDITURES	AVF	RAGE COST	UNITS/DAY				COST PER
303 EEIGIDEEG	OBLIG	OR DAYS OF CAR		EXI BIVDITORES			PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	21	90	\$	1,251.68	\$	13.91	.247		59.60		3.43
DURABLE MED. EQUIP.	2	2	т	115.35	Ψ.	57.68	.005	τ.	57.68	Ψ.	.32
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	Ö		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	1	i		118.20		118.20	.003		118.20		.32
AMBULANCES/AIR TRANS	$\overline{1}$	1		118.20		118.20	.003		118.20		.32
OTHER TRANS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00

OPTICIAN	3	6	52.40	8.73	.016	17.47	.14
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	2	149.92	74.96	.005	149.92	.41
PROSTHETICS	1	2	149.92	74.96	.005	149.92	.41
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	14	79	815.81	10.33	.216	58.27	2.24
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	1	4	\$ 170.72	\$ 42.68	.011	\$ 170.72	\$. 47
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 937 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

----- MONTHLY AVERAGE -----

AMADOR COUNTY SUMMARY OF SERVICES FOR SSI APPEAL/NLDC IN PA-DISABLED AID CODES 6N 6P

					MON 1	TLI AVERAGE	,
39 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	25	136 \$	16,416.46	\$ 120.71	3.487 \$	656.66 \$	
@PHYSICIANS SERVICES	8	25 \$	6,521.54	\$ 260.86	.641 \$	815.19 \$	167.22
OUTPATIENT VISITS	5	6	233.88	38.98	.154	46.78	6.00
OFFICE VISITS	5	6	233.88	38.98	.154	46.78	6.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	3	9	416.14	46.24	.231	138.71	10.67
PRINCIPAL SURGEON	3	3	294.11	98.04	.077	98.04	7.54
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	6	122.03	20.34	.154	122.03	3.13
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	48.20	48.20	.026	48.20	1.24
RADIOLOGY	4	7	5,808.02	829.72	.179	1452.01	148.92
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	2	2	15.30	7.65	.051	7.65	.39
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	24	52 \$	7,267.53	\$ 139.76	1.333 \$	302.81 \$	186.35
PRESCRIPTION DRUGS	24	52	7,267.53	139.76	1.333	302.81	186.35
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	24	52	7,267.53	139.76	1.333	302.81	186.35
			•				

MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00 \$.00	.000 \$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITURE:	S MONTH-OF-PAYMENT REPO	ORT FOR JAN 20	003 THRU DEC	2003	PAGE 938
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
AMADOR COUNTY	SUMMARY OF SERVICES FOR	SSI APPE	AL/NLDC IN PA-DISABLED	AID CODES 6N	6P		

----- MONTHLY AVERAGE -----

39 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES		RAGE COST			COST PER USER		COST PER ELIGIBLE
@OPTOMETRIST	0	OR DAIS OF CARE	\$.00	Р£К \$.00	.000		.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	Ą	.00	Ą	.00	.000	Ą	.00	Ą	.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	Ġ	.00	\$.00
VISITS	0	0	Ą	.00	Ą	.00	.000	Ą	.00	Ą	.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	¢	.00	\$.00
MEDICINE/INJECTIONS	0	0	Ÿ	.00	Ÿ	.00	.000	Ÿ	.00	Y	.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	Ġ	.00	Ś	.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	Š	.00	Š	.00	.000	Š	.00	Š	.00
NURSE MIDWIFE	0	0	Ġ	.00	Ġ	.00	.000	Ġ	.00	Ġ	.00
PEDIATRIC NURSE PRACTITIONER	0	0	Ġ	.00	Ġ	.00	.000	Ġ	.00	Š	.00
FAMILY NURSE PRACTITIONER	0	0	Š	.00	Š	.00	.000	Ġ	.00	\$.00
@TOTAL HOSPITAL	8	39	Š	861.60	Š	22.09	1.000	Š	107.70	Š	22.09
HOSP INPATIENT TOTAL	0	0	٧	.00	٧	.00	.000	Y	.00	Y	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	8	39		861.60		22.09	1.000		107.70		22.09
MEDICAL	1	1		63.52		63.52	.026		63.52		1.63
SURGERY	1	1		89.94		89.94	.026		89.94		2.31
PATHOLOGY	5	20		179.46		8.97	.513		35.89		4.60
RADIOLOGY	2	4		89.07		22.27	.103		44.54		2.28
ROOM USE	4	8		379.36		47.42	.205		94.84		9.73
CROSSOVERS/ALL OTH OUTPTNT	2	5		60.25		12.05	.128		30.13		1.54
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	•	.00	•	.00	.000	•	.00	-	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2003 THRU DEC	2003	PAGE 939

MOP024 AMADOR COUNTY FEE-FOR-SERVICE/DENTAL 01/29/04

AMADOR COUNTI	SUMMARI OF SERVI	AU1 CED.	SSI APP	EAL/	NUDC IN P	A-DISAPLI	ED AI	D CODES ON		3.00	`		aп	
20 FITCIBLES	USERS	UNITS OF	CEDUTCE	ı	EADEM	הדתווחהכ	7/1/17	RAGE COST				ILY AVERA		COST PER
39 ELIGIBLES	USERS	OR DAYS			EVEEN	DITURES		UNIT/DAY			5 (USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	8	OK DAIS	39	\$		861.60	\$	22.09	1.00		ċ.	107.70	\$	22.09
COMM HOSP INPATIENT TOTAL	0		0	Ą		.00	Ą	.00	.00		Ą	.00	Ą	.00
HSC HOSPITALS	0		0			.00		.00	.00			.00		.00
NON-HSC HOSPITALS TOTAL	0		0			.00		.00	.00			.00		.00
ACCOMMODATIONS	0		0			.00		.00	.00			.00		.00
ACCOMMODATIONS ADMINISTRATIVE DAYS	0		0			.00		.00	.00			.00		.00
	0		0			.00		.00	.00			.00		.00
TRANSITIONAL IP CARE	0		0			.00						.00		
ALL OTHER ACCOM	0		0			.00		.00	.00			.00		.00
ANCILLARIES INPATIENT CROSSOVERS	0		0			.00		.00						.00
	0		0			.00		.00	.00			.00		.00
ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	0		39			861.60		.00 22.09				107.70		22.09
	0		39 1					63.52	1.00					
MEDICAL	1					63.52			.02			63.52		1.63
SURGERY			1			89.94		89.94	.02			89.94		2.31
PATHOLOGY	5		20			179.46		8.97	.51			35.89		4.60
RADIOLOGY	∠ 4		4			89.07		22.27	.10			44.54		2.28
ROOM USE	4		8			379.36		47.42	. 20			94.84		9.73
CROSSOVERS/ALL OTH OUTPTNT	2		5			60.25		12.05	.12			30.13		1.54
@STATE HOSPITAL	0		0	\$.00	\$.00	.00		\$.00	\$.00
MENTALLY ILL	0		0			.00		.00	.00			.00		.00
DEVELOP. DISABLED	0		0	4.		.00		.00	.00		4.	.00	4.	.00
@NURSING FACILITY	0		0	\$.00	\$.00	.00		\$.00	\$.00
LEV A-INTERMEDIATE	0		0			.00		.00	.00			.00		.00
LEV B-REHAB MD	0		0			.00		.00	.00			.00		.00
LEV B-SUBACUTE FREESTANDING	0		0			.00		.00	.00			.00		.00
LEV B-SUBACUTE HSPTL BASED	0		0			.00		.00	.00			.00		.00
LEV B-TRANSITIONAL IP CARE	0		0			.00		.00	.00			.00		.00
LEV B-REGULAR	0		0			.00		.00	.00			.00		.00
@INTERMEDIATE CARE FACILDD	0		0	\$.00	\$.00	.00		\$.00	\$.00
ICF DDH	0		0			.00		.00	.00			.00		.00
ICF DD	0		0			.00		.00	.00			.00		.00
ICF DDN/DDCN	0		0			.00		.00	.00			.00		.00
@HEMODIALYSIS TOTAL	0		0	\$.00	\$.00	.00		\$.00	\$.00
HOSPITAL BASED	0		0			.00		.00	.00			.00		.00
HEMODIALYSIS CENTER	0		0			.00		.00	.00			.00		.00
@REHABILITATION FACILITY	0		0	\$.00	\$.00	.00		\$.00	\$.00
HOSPITAL BASED	0		0			.00		.00	.00			.00		.00
INDEPENDENT FACILITY	0		0			.00		.00	.00			.00		.00
@LABORATORY FACILITY	1		7	\$		63.38	\$	9.05	.17		\$	63.38	\$	1.63
PATHOLOGY	1		7			63.38		9.05	.17			63.38		1.63
XO AND OTHERS	0		0			.00		.00	.00			.00		.00
@ORGANIZED OUTPATIENT CLINIC	7		7	\$	1	,453.32	\$	207.62	.17		\$	207.62	\$	37.26
CLINIC	0		0			.00		.00	.00			.00		.00
SURGICENTER	0		0			.00		.00	.00			.00		.00
HEROIN DETOX CLINIC	0		0			.00		.00	.00			.00		.00
RURAL HEALTH CLINIC	7		7			,453.32		207.62	.17			207.62		37.26
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EX	PENDITUR	ES M	ONTH-OF-P	AYMENT RI	EPORT	FOR JAN 2	2003 THE	U I	DEC	2003	P	PAGE 940
MOP024	FEE-FOR-SERVICE/													01/29/04
AMADOR COUNTY	SUMMARY OF SERVI	CES FOR	SSI APP	EAL/	NLDC IN P	A-DISABLI	ED AI	D CODES 6N						
										MC	ONTH	ILY AVERA		
39 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPEN	DITURES	AVE:	RAGE COST	UNITS/I	AYS	S C	OST PER		COST PER
		OR DAYS					PER	UNIT/DAY				USER		ELIGIBLE
@ALL OTHER PROVIDERS	3		6	\$		249.09	\$	41.52	.15		\$	83.03	\$	6.39
DURABLE MED. EQUIP.	2		5			239.26		47.85	.12			119.63		6.13
BLOOD BANK	0		0			.00		.00	.00	0		.00		.00

HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0		.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE	CTR 0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTIN	G 0	0		.00	.00	.000	.00	.00
<pre>IHMC,MODEL-NF,NF,AIDS,</pre>	MSSP 0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTE	RS 0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCI	ES 1	1		9.83	9.83	.026	9.83	. 25
EPSDT SUPPLEMENTAL SER	VICE 0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT	. 0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEA	NING 0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICE	S* 8	18	\$	6,146.84	\$ 341.49	.462	\$ 768.36	\$ 157.61
@XOVER EXCLUDING STATE H	OSP** 0	0	\$.00	\$.00	.000	\$.00	\$.00
@* TOTALS IN THESE LINES	ARE GIVEN AS A SEPARATE IN	JFORMATION	TTEM ONLY;					

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 941
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
AMADOR COUNTY	SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED AID CODE 1E	

						MONT	THLY AVERAG	E
09 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE C	OST UNITS/DA	YS.	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/	DAY PER ELI	G	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	23	399	\$ 38,941.41	\$ 97.6	0 44.333	\$	1693.10	\$ 4326.82
@PHYSICIANS SERVICES	0	0	\$.00	\$.0	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.0	.000		.00	.00
OFFICE VISITS	0	0	.00	.0	.000		.00	.00
HOME VISITS	0	0	.00	.0	.000		.00	.00
EMERGENCY ROOM	0	0	.00	.0	.000		.00	.00
PREVENTIVE CARE	0	0	.00	.0	.000		.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.0	.000		.00	.00
OTHER OUTPATIENT	0	0	.00	.0	.000		.00	.00
INPATIENT VISITS	0	0	.00	.0	.000		.00	.00
HOSPITAL VISITS	0	0	.00	.0	.000		.00	.00
CRITICAL CARE	0	0	.00	.0	.000		.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.0	.000		.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.0	.000		.00	.00
EXAMINATIONS	0	0	.00	.0	.000		.00	.00
SERVICES AND MATERIALS	0	0	.00	.0	.000		.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.0	.000		.00	.00
PRINCIPAL SURGEON	0	0	.00	.0	.000		.00	.00
ASSISTANT SURGEON	0	0	.00	.0	.000		.00	.00
ANESTHESIOLOGIST	0	0	.00	.0	.000		.00	.00
OUTPATIENT SURGERY	0	0	.00	.0	.000		.00	.00
PRINCIPAL SURGEON	0	0	.00	.0	.000		.00	.00
ASSISTANT SURGEON	0	0	.00	.0	.000		.00	.00
ANESTHESIOLOGIST	0	0	.00	.0	.000		.00	.00

DIALYSIS	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
PSYCHIATRY	0	0		.00		.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000	.00		.00
@PHARMACY	21	89	Ġ		\$ 57	.53		\$ 243.80	Ġ	568.86
PRESCRIPTION DRUGS	21	75	Ą	4,648.19	•	.98	8.333	221.34	Ą	516.47
SNF/ICF	12	64		4,381.94		. 47	7.111	365.16		486.88
OUTPATIENTS	0	11		266.25		.20	1.222	29.58		29.58
MEDICAL SUPPLIES	9	14		471.59		.69	1.556	67.37		52.40
@DENTIST	0	7.4	Ś	.00	\$.00		\$.00	4	.00
VISITS - DIAGNOSTIC	0	0	Ş	.00	Ş		.000	.00	Ą	.00
ORAL SURGERY	0	0		.00		.00	.000	.00		.00
	0	0						.00		.00
DRUGS	0	0		.00		.00	.000			
ANESTHESIA	0	0		.00		.00	.000	.00		.00
PERIODONTICS	0	0		.00		.00	.000	.00		.00
ENDODONTICS	0	0		.00		.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00		.00
PROSTHETICS	0	0		.00		.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITU	JRES MO	NTH-OF-PAYMENT REI	PORT FOR	JAN	2003 THRU DI	EC 2003	P.	AGE 942
MOP024	FEE-FOR-SERVICE/DENTAL									01/29/04
AMADOR COUNTY	SUMMARY OF SERVICES FOR	CRAIG	CASES-	AGED IN PA-AGED	AI	D CO	DE 1E			
							MOI	NTHLY AVERA	GE -	

						M	ON,T	HLY AVERAG	ЭĿ	
09 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVEI	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00		.00
EYE APPLIANCES	0	0	.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	•	.00	.000	-	.00	•	.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	0	0	.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.000		.00		.00
ANCILLARIES	0	0	.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0	.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00		.00

HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00		.00
MEDICAL	0	0	.00	.00	.000	.00		.00
SURGERY	0	0	.00	.00	.000	.00		.00
PATHOLOGY	0	0	.00	.00	.000	.00		.00
RADIOLOGY	0	Ô	.00	.00	.000	.00		.00
ROOM USE	0	0	.00	.00	.000	.00		.00
	0							
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00		. 0 0
@COUNTY HOSPITAL TOTAL	Ü	0 \$.00	\$.00	.000 \$.00	•	. 00
CO HOSPITAL INPATIENT TOTAL	Ü	Ü	.00	.00	.000	.00		.00
HSC HOSPITALS	0	0	.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00		. 00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00		. 00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00		.00
ANCILLARIES	0	0	.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00		.00
MEDICAL	0	0	.00	.00	.000	.00		.00
SURGERY	0	0	.00	.00	.000	.00		.00
PATHOLOGY	0	0	.00	.00	.000	.00		.00
RADIOLOGY	0	0	.00	.00	.000	.00		.00
	0	0	.00	.00		.00		.00
ROOM USE	0	0			.000			
CROSSOVERS/ALL OTH OUTPINT #CALIF DEPT OF HEALTH SERV	U CERTIFICA	U ES AND EXPENDITURES MO	.00	.00	.000	.00		.00
TOALLE DEPT OF HEALTH SERV	MEDI-CAL SERVIC			PORT FOR JAN .	2003 THRU DEC	. 7003	PAGE	943
			MIII OF FAIMENT RE	ront ron one .	-000 111110 22	2 2003	-	00/04
MOP024	FEE-FOR-SERVICE	/DENTAL	·			2003	-	29/04
	FEE-FOR-SERVICE		·	AID CODE	E 1E		01/2	
MOP024 AMADOR COUNTY	FEE-FOR-SERVICE SUMMARY OF SERV	/DENTAL ICES FOR CRAIG CASES-	- AGED IN PA-AGED	AID CODE	E 1E MON'	THLY AVERA	01/2 GE	
MOP024	FEE-FOR-SERVICE	/DENTAL ICES FOR CRAIG CASES- UNITS OF SERVICE	·	AID CODE	E 1E MONT UNITS/DAYS	ΓΗLY AVERA COST PER	01/2 GE COST I	PER
MOP024 AMADOR COUNTY 09 ELIGIBLES	FEE-FOR-SERVICE SUMMARY OF SERV USERS	DENTAL CRAIG CASES- UNITS OF SERVICE OR DAYS OF CARE	- AGED IN PA-AGED EXPENDITURES	AID CODE AVERAGE COST PER UNIT/DAY	E 1E MON' UNITS/DAYS PER ELIG	THLY AVERA COST PER USER	01/2 GE COST I ELIGII	 PER BLE
MOP024 AMADOR COUNTY 09 ELIGIBLES @COMMUNITY HOSPITAL TOTAL	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0	/DENTAL ICES FOR CRAIG CASES- UNITS OF SERVICE OR DAYS OF CARE 0 \$	- AGED IN PA-AGED EXPENDITURES	AID CODI AVERAGE COST PER UNIT/DAY \$.00	E 1E MONY UNITS/DAYS PER ELIG .000 \$	THLY AVERA COST PER USER .00	01/2 GE COST I ELIGII \$	PER BLE
MOP024 AMADOR COUNTY 09 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	FEE-FOR-SERVICE SUMMARY OF SERV USERS	/DENTAL ICES FOR CRAIG CASES- UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0	- AGED IN PA-AGED EXPENDITURES .00 .00	AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00	E 1E MONT UNITS/DAYS PER ELIG .000 \$.000	THLY AVERA COST PER USER .00 .00	01/2 GE COST I ELIGIE	PER BLE .00
MOP024 AMADOR COUNTY 09 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0	/DENTAL ICES FOR CRAIG CASES- UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0	EXPENDITURES .00 .00 .00	AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00	E 1E MONT UNITS/DAYS PER ELIG .000 \$.000	THLY AVERA COST PER USER .00 .00	01/2 GE COST I ELIGIE	PER BLE .00
MOP024 AMADOR COUNTY 09 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0	/DENTAL ICES FOR CRAIG CASES- UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0	EXPENDITURES .00 .00 .00 .00	AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00	E 1E MON' UNITS/DAYS PER ELIG .000 \$.000 .000	THLY AVERA COST PER USER .00 .00 .00	01/2 GE COST I ELIGIE	PER BLE .00 .00
MOP024 AMADOR COUNTY 09 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0	/DENTAL ICES FOR CRAIG CASES- UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0	EXPENDITURES .00 .00 .00 .00 .00	AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00	E 1E MON' UNITS/DAYS PER ELIG .000 \$.000 .000	THLY AVERA COST PER USER .00 .00 .00 .00	01/2 GE COST I ELIGII \$	PER BLE .00 .00 .00
MOP024 AMADOR COUNTY 09 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0	/DENTAL ICES FOR CRAIG CASES- UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0	EXPENDITURES .00 .00 .00 .00	AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00	E 1E MON' UNITS/DAYS PER ELIG .000 \$.000 .000	THLY AVERA COST PER USER .00 .00 .00	01/2 GE COST I ELIGII \$	PER BLE .00 .00
MOP024 AMADOR COUNTY 09 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0	/DENTAL ICES FOR CRAIG CASES- UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0	EXPENDITURES .00 .00 .00 .00 .00	AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00	E 1E MON' UNITS/DAYS PER ELIG .000 \$.000 .000	THLY AVERA COST PER USER .00 .00 .00 .00	01/2 GE COST I ELIGIE \$	PER BLE .00 .00 .00
MOP024 AMADOR COUNTY 09 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0	/DENTAL ICES FOR CRAIG CASES- UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00	AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00	E 1E MON'S UNITS/DAYS PER ELIG .000 \$.000 .000 .000	THLY AVERA COST PER USER .00 .00 .00 .00 .00	01/2 GE COST I ELIGIE \$	PER BLE .00 .00 .00 .00
MOP024 AMADOR COUNTY 09 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0	/DENTAL ICES FOR CRAIG CASES- UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00	AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00	E 1E MON' UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000	THLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00	01/2 GE COST I ELIGII \$	PER BLE .00 .00 .00 .00 .00
MOP024 AMADOR COUNTY 09 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0	/DENTAL ICES FOR CRAIG CASES- UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00	E 1E MON'S VINITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000	THLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00	01/2 GE COST I ELIGII	PER BLE .00 .00 .00 .00 .00 .00
MOP024 AMADOR COUNTY 09 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0	/DENTAL ICES FOR CRAIG CASES- UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0	- AGED IN PA-AGED EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	E 1E MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	THLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00	01/2 GE COST I ELIGII	PER BLE .00 .00 .00 .00 .00 .00
MOP024 AMADOR COUNTY 09 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0	/DENTAL ICES FOR CRAIG CASES- UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	E 1E MONY UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	THLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	01/2 GE COST I ELIGII	PER BLE .00 .00 .00 .00 .00 .00 .00 .00
MOP024 AMADOR COUNTY 09 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0	/DENTAL ICES FOR CRAIG CASES- UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	E 1E MON' UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	THLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	01/2 GE COST I ELIGII	PER BLE .000 .000 .000 .000 .000 .000 .000 .0
MOP024 AMADOR COUNTY 09 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0	/DENTAL ICES FOR CRAIG CASES- UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	E 1E MON' UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	THLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	01/2 GE COST I ELIGII	PER 3LE .000 .000 .000 .000 .000 .000 .000 .0
MOP024 AMADOR COUNTY 09 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0	/DENTAL ICES FOR CRAIG CASES- UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	E 1E MON' UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	THLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	01/2 GE COST I ELIGIE	PER 3LE .000 .000 .000 .000 .000 .000 .000 .0
MOP024 AMADOR COUNTY 09 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0	/DENTAL ICES FOR CRAIG CASES- UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	E 1E MON' UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	THLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	01/2 GE COST I ELIGIE	PER BLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
MOP024 AMADOR COUNTY 09 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0	/DENTAL ICES FOR CRAIG CASES- UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	E 1E MON' UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	THLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	01/2 GE COST I ELIGIE	PER BLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
MOP024 AMADOR COUNTY 09 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0	/DENTAL ICES FOR CRAIG CASES- UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	- AGED IN PA-AGED EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	E 1E MON' UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	THLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	01/2 GE COST I ELIGIE	PER BLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
MOP024 AMADOR COUNTY 09 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0	/DENTAL ICES FOR CRAIG CASES- UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	- AGED IN PA-AGED EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	E 1E MONY UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	THLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	01/2 GE COST I ELIGIE	PER BLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
MOP024 AMADOR COUNTY 09 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPINT	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0	/DENTAL ICES FOR CRAIG CASES- UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	E 1E MON' UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	FHLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	01/2 GE COST I ELIGIE \$	PER 3LE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
MOP024 AMADOR COUNTY 09 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0	/DENTAL ICES FOR CRAIG CASES- UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	E 1E MON' UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	THLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	01/2 GE COST I ELIGII	PER BLE .000 .000 .000 .000 .000 .000 .000 .0
MOP024 AMADOR COUNTY 09 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPINT	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0	/DENTAL ICES FOR CRAIG CASES- UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	E 1E MON' UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	FHLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	01/2 GE COST I ELIGII	PER 3LE .000 .000 .000 .000 .000 .000 .000 .0

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LEV A-INTERMEDIATE

LEV B-SUBACUTE FREESTANDING

LEV B-SUBACUTE HSPTL BASED

LEV B-TRANSITIONAL IP CARE

@INTERMEDIATE CARE FACIL.-DD

LEV B-REHAB MD

LEV B-REGULAR

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ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	Ō	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	3	5	\$ 806.76	\$ 161.35	.556	\$ 268.92	\$ 89.64
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00

RURAL HEALTH CLINIC 3 5 806.76 161.35 .556 268.92 89.64 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 944 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

MOP024 FEE-FOR-SERVICE/DENTAL
AMADOR COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED AID CODE 1E

					MONT	HLY AVERAG	E
09 ELIGIBLES	USERS UNIT	S OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR	DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00	\$.00
@* TOTALS IN THESE LINES ARE (GIVEN AS A SEPARATE I	NFORMATION ITEM ON	LY;				
THE AMOUNTS ARE ALREADY INC	CLUDED IN THE APPROPE	TATE DETAIL LINES	ABOVE				

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 945
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
AMADOR COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- BLIND IN PA-BLIND AID CODE 2E

----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 0 .00 \$.000 \$ @TOTAL, ALL PROVIDERS \$.00 \$.00 .00 @PHYSICIANS SERVICES 0 0 \$ \$.00 .000 \$.00 \$.00 0 .00 .00 OUTPATIENT VISITS 0 .00 .000 .00 OFFICE VISITS 0 0 .00 .00 .000 .00 .00 0 .00 .00 .000 .00 .00 HOME VISITS 0 .00 .00 .00 EMERGENCY ROOM 0 .000 .00 0 0 .00 .00 .000 .00 .00 PREVENTIVE CARE OB VISITS/COMPRE PERI 0 0 .00 .00 .000 .00 .00 OTHER OUTPATIENT 0 0 .00 .00 .000 .00 .00 .00 .00 .000 .00 INPATIENT VISITS .00 HOSPITAL VISITS 0 0 .00 .00 .000 .00 .00 0 .00 .00 CRITICAL CARE 0 .00 .000 .00 .000 .00 0 .00 .00 .00 SNF/ICF/TRANS IP CARE 0 OPHTHALMOLOGICAL SERVICES 0 .00 .00 .000 .00 .00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

EXAMINATIONS	0		0		.0		.00	.000	.00		.00
SERVICES AND MATERIALS	0		0		.0		.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	0		0		.0		.00	.000	.00		.00
PRINCIPAL SURGEON	0		0		.0		.00	.000	.00		.00
ASSISTANT SURGEON	0		0		.0	0	.00	.000	.00		.00
ANESTHESIOLOGIST	0		0		.0	0	.00	.000	.00		.00
OUTPATIENT SURGERY	0		0		.0	0	.00	.000	.00		.00
PRINCIPAL SURGEON	0		0		.0	0	.00	.000	.00		.00
ASSISTANT SURGEON	0		0		.0	0	.00	.000	.00		.00
ANESTHESIOLOGIST	0		0		.0	0	.00	.000	.00		.00
DIALYSIS	0		0		.0	0	.00	.000	.00		.00
PATHOLOGY	0		0		.0		.00	.000	.00		.00
RADIOLOGY	0		Ō		.0		.00	.000	.00		.00
PSYCHIATRY	0		0		.0		.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0		0		.0		.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	0		0		.0		.00	.000	.00		.00
@PHARMACY	0		0	\$.0				\$.00	Ġ	.00
PRESCRIPTION DRUGS	0		0	٧	.0		.00	.000	.00	٧	.00
SNF/ICF	0		0		.0		.00	.000	.00		.00
OUTPATIENTS	Õ		0		.0		.00	.000	.00		.00
MEDICAL SUPPLIES	0		0		.0		.00	.000	.00		.00
@DENTIST	0		0	\$.0				\$.00	\$.00
VISITS - DIAGNOSTIC	0		0	Y	.0		.00	.000	.00	Ÿ	.00
ORAL SURGERY	0		0		.0		.00	.000	.00		.00
DRUGS	0		0		.0		.00	.000	.00		.00
ANESTHESIA	0		0		.0		.00	.000	.00		.00
PERIODONTICS	0		0		.0		.00	.000	.00		.00
ENDODONTICS ENDODONTICS	0		0		.0		.00	.000	.00		.00
RESTORATIVE DENTISTRY	0		0		.0		.00	.000	.00		.00
PROSTHETICS	0		0		.0		.00	.000	.00		.00
	0		0								
DENTURES, STAYPLATES	0		0		.0		.00	.000	.00		.00
SPACE MAINTAINERS	0		0		.0		.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0		0		.0		.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0		0				.00	.000	.00		.00
ORTHODONTIC SERVICES	0		0		.0		.00	.000	.00		.00
ALL OTHER SERVICES	U CERTICAL		U	DDG 140			.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE		SENDT.I.O.	RES MC	N.I.H-OEBAAMEN.I.	REPO.	RT FOR JAN 2	2003 THRU D	EC 2003	PA	AGE 946
MOP024	FEE-FOR-SERVICE		an a ra	a. a.e.a	D. T. D. D. D.	T T11D	3.TD G0D1				01/29/04
AMADOR COUNTY	SUMMARY OF SERV	LCES FOR	CRAIG	CASES-	BLIND IN PA-B	LTND	AID CODE				
00 ELIGIBLES	HCEDC	INITEG OF	CEDITE C			C 3.	TEDAGE GOOM	_	NTHLY AVERA	-	ZOCEL DED
00 ELIGIBLES	USERS	UNITS OF			EXPENDITURE		VERAGE COST				COST PER
0.0000000000000000000000000000000000000		OR DAYS			•		ER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@OPTOMETRIST	0		0	\$.0	0 \$.00	.000	\$.00	\$.00

00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	7/1/2		UNITS/DAY	C	COST PER	 COST PER
00 FILGIPHES	CALCO		EXPENDITORES						
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER	ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00	.00
EYE APPLIANCES	0	0	.00		.00	.000		.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00	.00
OTHER SERVICES	0	0	.00		.00	.000		.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00	.00
SURGERY/ANES.	0	0	.00		.00	.000		.00	.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00	.00
OTHER	0	0	.00		.00	.000		.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00

HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
	0	0					
NON-HSC HOSPITAL TOTAL	U	U	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
	0	0					
TRANSITIONAL IP CARE	Ü	Ü	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	Ω	.00	.00	.000	.00	.00
	0	0					
INPATIENT CROSSOVERS	U	U	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	Ω	.00	.00	.000	.00	.00
	0	0					
MEDICAL	Ü	Ü	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
	0	0	.00		.000		
RADIOLOGY	U	U		.00		.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000		
	Ū	U Ş					•
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
	0	0					
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	n	0	.00	.00	.000	.00	.00
-	0	0					
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
	0	0					
ALL OTHER INPATIENT	U	U	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
	0	0					
SURGERY	U	U	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	
ROOM USE	Ū	Ū					.00
CROSSOVERS/ALL OTH OUTPTNT		0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES MOI	NTH-OF-PAYMENT RE	PORT FOR JAN	2003 THRU D	EC 2003	PAGE 947
MOP024	FEE-FOR-SERVICE						01/29/04
					0-		01/29/04
AMADOR COUNTY	SUMMARY OF SERV	ICES FOR CRAIG CASES-	BLIND IN 5Y-BLIN	D AID CO	DE ZE		
OO DI TOTRI DO					MO	NTHLY AVERA	\GE
00 ELTG-18LES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COS			
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COS'	r units/days	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DA	T UNITS/DAYS Y PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	USERS 0		EXPENDITURES .00		r units/days	COST PER USER	COST PER ELIGIBLE
		OR DAYS OF CARE	.00	PER UNIT/DAT \$.00	T UNITS/DAYS Y PER ELIG .000	COST PER USER \$.00	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	0	OR DAYS OF CARE 0 \$ 0	.00	PER UNIT/DA \$.00 .00	T UNITS/DAYS Y PER ELIG .000 .000	COST PER USER \$.00 .00	COST PER ELIGIBLE \$.00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	0	OR DAYS OF CARE 0 \$.00 .00 .00	PER UNIT/DA \$.00 .00 .00	I UNITS/DAYS Y PER ELIG .000 .000 .000	COST PER USER \$.00 .00 .00	COST PER ELIGIBLE \$.00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	0	OR DAYS OF CARE 0 \$ 0	.00 .00 .00	PER UNIT/DA \$.00 .00	T UNITS/DAYS Y PER ELIG .000 .000 .000	COST PER USER \$.00 .00 .00	COST PER ELIGIBLE \$.00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	0	OR DAYS OF CARE 0 \$ 0	.00 .00 .00	PER UNIT/DA \$.00 .00 .00	T UNITS/DAYS Y PER ELIG .000 .000 .000	COST PER USER \$.00 .00 .00	COST PER ELIGIBLE \$.00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	0	OR DAYS OF CARE 0 \$ 0	.00 .00 .00 .00	PER UNIT/DA \$.00 .00 .00 .00 .00	T UNITS/DAYS Y PER ELIG .000 .000 .000 .000 .000	COST PER USER \$.00 .00 .00 .00	COST PER ELIGIBLE \$.00 .00 .00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	0	OR DAYS OF CARE 0 \$ 0	.00 .00 .00 .00 .00	PER UNIT/DA \$.00 .00 .00 .00 .00 .00	T UNITS/DAYS Y PER ELIG .000 .000 .000 .000 .000 .000	COST PER USER \$.00 .00 .00 .00 .00 .00	COST PER ELIGIBLE \$.00 .00 .00 .00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	0 0 0 0 0 0	OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0	.00 .00 .00 .00 .00	PER UNIT/DA \$.00 .00 .00 .00 .00 .00 .00	T UNITS/DAYS Y PER ELIG .000 .000 .000 .000 .000 .000	COST PER	COST PER ELIGIBLE \$.00 .00 .00 .00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	0	OR DAYS OF CARE 0 \$ 0	.00 .00 .00 .00 .00	PER UNIT/DA \$.00 .00 .00 .00 .00 .00	T UNITS/DAYS Y PER ELIG .000 .000 .000 .000 .000 .000	COST PER USER \$.00 .00 .00 .00 .00 .00	COST PER ELIGIBLE \$.00 .00 .00 .00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	0 0 0 0 0 0	OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0	.00 .00 .00 .00 .00	PER UNIT/DA' \$.00 .00 .00 .00 .00 .00 .00	T UNITS/DAYS Y PER ELIG .000 .000 .000 .000 .000 .000 .000	COST PER	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	0 0 0 0 0 0	OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0	.00 .00 .00 .00 .00 .00	PER UNIT/DA \$.00 .00 .00 .00 .00 .00 .00 .00	F UNITS/DAYS Y PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	0 0 0 0 0 0 0	OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0	.00 .00 .00 .00 .00 .00	PER UNIT/DA' \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	F UNITS/DAYS Y PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	COST PER	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	0 0 0 0 0 0	OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0	.00 .00 .00 .00 .00 .00	PER UNIT/DA \$.00 .00 .00 .00 .00 .00 .00 .00	F UNITS/DAYS Y PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	0 0 0 0 0 0 0	OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	.00 .00 .00 .00 .00 .00 .00	PER UNIT/DA' \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	F UNITS/DAYS Y PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	COST PER	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	0 0 0 0 0 0 0	OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	.00 .00 .00 .00 .00 .00 .00	PER UNIT/DA' \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	F UNITS/DAYS Y PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	0 0 0 0 0 0 0 0	OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	.00 .00 .00 .00 .00 .00 .00	PER UNIT/DA' \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	F UNITS/DAYS Y PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	0 0 0 0 0 0 0	OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	.00 .00 .00 .00 .00 .00 .00	PER UNIT/DA' \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	F UNITS/DAYS Y PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY	0 0 0 0 0 0 0 0	OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	.00 .00 .00 .00 .00 .00 .00 .00	PER UNIT/DA' \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	T UNITS/DAYS Y PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	0 0 0 0 0 0 0 0 0	OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	.00 .00 .00 .00 .00 .00 .00 .00 .00	PER UNIT/DA' \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	T UNITS/DAYS Y PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	COST PER	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	0 0 0 0 0 0 0 0 0	OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	.00 .00 .00 .00 .00 .00 .00 .00 .00	PER UNIT/DA' \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	T UNITS/DAYS Y PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	COST PER	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	0 0 0 0 0 0 0 0 0	OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	PER UNIT/DA' \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	T UNITS/DAYS Y PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	0 0 0 0 0 0 0 0 0	OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	PER UNIT/DA' \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	T UNITS/DAYS Y PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	0 0 0 0 0 0 0 0 0 0	OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	PER UNIT/DA' \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	T UNITS/DAYS Y PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	0 0 0 0 0 0 0 0 0	OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	PER UNIT/DA' \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	T UNITS/DAYS Y PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .

DEVELOP. DISABLED 0 0 .00 .00 .00 .00 .00 @NURSING FACILITY 0 0 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00
· · · · · · · · · · · · · · · · · · ·
LEV A-INTERMEDIATE 0 0 0 0 0 0 0 0 0
LEV B-REHAB MD 0 0 .00 .00 .00 .00 .00 .00
LEV B-SUBACUTE FREESTANDING 0 0 .00 .00 .00 .00 .00 .00
LEV B-SUBACUTE HSPTL BASED 0 0 .00 .00 .00 .00 .00 .00
LEV B-TRANSITIONAL IP CARE 0 0 .00 .00 .00 .00 .00 .00
LEV B-REGULAR 0 0 .00 .00 .00 .00 .00 .00
@INTERMEDIATE CARE FACILDD 0 0 \$.00 \$.00 \$.00 \$.00
ICF DDH 0 0 .00 .00 .00 .00 .00 .00
ICF DD 0 0 .00 .00 .00 .00 .00 .00
ICF DDN/DDCN 0 0 .00 .00 .00 .00 .00
@HEMODIALYSIS TOTAL 0 0 \$.00 \$.00 \$.00 \$.00
HOSPITAL BASED 0 0 .00 .00 .00 .00 .00 .00
HEMODIALYSIS CENTER 0 0 0 .00 .00 .00 .00 .00 .00
@REHABILITATION FACILITY 0 0 \$.00 \$.00 \$.00 \$.00
HOSPITAL BASED 0 0 .00 .00 .00 .00 .00 .00
INDEPENDENT FACILITY 0 0 0 .00 .00 .00 .00 .00 .00
@LABORATORY FACILITY 0 0 \$.00 \$.00 \$.00 \$.00
PATHOLOGY 0 0 .00 .00 .00 .00 .00 .00
XO AND OTHERS 0 0 .00 .00 .00 .00 .00 .00
@ORGANIZED OUTPATIENT CLINIC 0 0 \$.00 \$.00 \$.00 \$.00
CLINIC 0 0 0 .00 .00 .00 .00 .00 .00
SURGICENTER 0 0 0 .00 .00 .00 .00 .00 .00
HEROIN DETOX CLINIC 0 0 .00 .00 .00 .00 .00 .00
RURAL HEALTH CLINIC 0 0 .00 .00 .00 .00 .00 .00
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 948
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
AMADOR COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- BLIND IN PA-BLIND AID CODE 2E
MONTHLY AVERAGE

					MON	THLY AVERAC	BE
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	0	0		.00		.00	.000		.00		.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00
@* TOTALS IN THESE LINES ARE	GIVEN AS A SEPARA	ATE INFORMATION	ITEM	ONLY;							
THE AMOUNTS ARE ALREADY INC	CLUDED IN THE APE	PROPRIATE DETAIL	LINE	ES ABOVE.							
** THESE DATA ARE INCLUDED II	N THE APPROPRIATE	DETAIL LINES A	BOVE.								
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITU	IRES M	IONTH-OF-PAYMENT	REPORT	FOR JAN	2003 THRU	DEC	2003	P.	AGE 949
MOP024	FEE-FOR-SERVICE/	DENTAL									01/29/04
AMADOR COUNTY	SUMMARY OF SERVI	CES FOR CRAIG	CASES	S- DISABLED IN PA	-DISAE	BLED AID C	ODE 6E				
							M	TIC	HLY AVERA	GE	
115 ELIGIBLES	USERS	UNITS OF SERVICE	Έ	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CAR	EΕ			R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	121	20,683	\$	93,197.18		4.51	1,,,,,,,,	\$	770.22	\$	810.41
@PHYSICIANS SERVICES	20	219	\$	2,677.76		12.23	1.904	\$	133.89	\$	23.28
OUTPATIENT VISITS	7	7		222.29		31.76	.061		31.76		1.93
OFFICE VISITS	6	6		192.29		32.05	.052		32.05		1.67

HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	1	30.00	30.00	.009	30.00	.26
INPATIENT VISITS	2	18	630.85	35.05	.157	315.43	5.49
HOSPITAL VISITS	2	17	603.35	35.49	.148	301.68	5.25
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	1	1	27.50	27.50	.009	27.50	.24
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
	0	151	427.09	2.83	1.313	213.55	3.71
INPATIENT HOSPITAL SURGERY	∠ 1					213.55	
PRINCIPAL SURGEON	1	1	236.41	236.41	.009		2.06
ASSISTANT SURGEON	0	~	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	150	190.68	1.27	1.304	190.68	1.66
OUTPATIENT SURGERY	2	2	438.82	219.41	.017	219.41	3.82
PRINCIPAL SURGEON	2	2	438.82	219.41	.017	219.41	3.82
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	2.86	2.86	.009	2.86	.02
RADIOLOGY	5	11	156.31	14.21	.096	31.26	1.36
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	10	29	799.54	27.57	.252	79.95	6.95
@PHARMACY	90	356 \$	33,148.23	\$ 93.11	3.096 \$		\$ 288.25
PRESCRIPTION DRUGS	90	354	33,098.05	93.50	3.078	367.76	287.81
SNF/ICF	8	51	3,194.56	62.64	.443	399.32	27.78
OUTPATIENTS	82	303	29,903.49	98.69	2.635	364.68	260.03
MEDICAL SUPPLIES	1	2	50.18	25.09	.017	50.18	.44
@DENTIST	3	6 \$	155.00	\$ 25.83	.052 \$	51.67	\$ 1.35
VISITS - DIAGNOSTIC	3	5	110.00	22.00	.043	36.67	.96
ORAL SURGERY	1	1	45.00	45.00	.009	45.00	.39
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	₹	S AND EXPENDITURES MO					PAGE 950
MOP024	FEE-FOR-SERVICE/						01/29/04
AMADOR COUNTY		CES FOR CRAIG CASES	- DISABLED IN PA-	DISABLED AID CO	DDE 6E		01/20/01
					MONT	HIY AVERAC	FR
115 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER

						MC	ONT	HLY AVERAG	GΕ	
115 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	ERAGE COST	UNITS/DAYS	3 (COST PER		COST PER
		OR DAYS OF CARE		PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	2	2	\$ 58.86	\$	29.43	.017	\$	29.43	\$.51
DIAGNOSTIC AND ANC. PROCED	1	1	47.45		47.45	.009		47.45		.41
EYE APPLIANCES	0	0	.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	1	1	11.41		11.41	.009		11.41		.10
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	2	2	\$ 11.64	\$	5.82	.017	\$	5.82	\$.10

MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	2		2		11.64		5.82	.017		5.82		.10
@HOME HEALTH AGENCY	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0		0	Ė	.00		.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0		0	Ė	.00		.00	.000	\$.00	Ė	.00
FAMILY NURSE PRACTITIONER	0		Ö	Š	.00		.00	.000	\$.00	Š	.00
@TOTAL HOSPITAL	13		89	Š	27,081.84		304.29		\$			235.49
HOSP INPATIENT TOTAL	3		16	¥	25,363.73		1585.23	.139	~	8454.58	٧	220.55
HSC HOSPITALS	1		1		1,210.00		1210.00	.009		1210.00		10.52
NON-HSC HOSPITAL TOTAL	2		15		23,313.73		1554.25	.130		11656.87		202.73
ACCOMMODATIONS	2		15		10,008.74		667.25	.130		5004.37		87.03
	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0									
TRANSITIONAL IP CARE	0				.00		.00	.000		.00		.00
ALL OTHER ACCOM	2		15		10,008.74		667.25	.130		5004.37		87.03
ANCILLARIES	2		0		13,304.99		.00	.000		6652.50		115.70
INPATIENT CROSSOVERS	1		0		840.00		.00	.000		840.00		7.30
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	11		73		1,718.11		23.54	.635		156.19		14.94
MEDICAL	6		7		338.87		48.41	.061		56.48		2.95
SURGERY	1		1		124.04		124.04	.009		124.04		1.08
PATHOLOGY	5		31		250.89		8.09	.270		50.18		2.18
RADIOLOGY	2		2		66.49		33.25	.017		33.25		.58
ROOM USE	8		11		547.62		49.78	.096		68.45		4.76
CROSSOVERS/ALL OTH OUTPTNT	3		21		390.20		18.58	.183		130.07		3.39
@COUNTY HOSPITAL TOTAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		Ô		.00		.00	.000		.00		.00
ANCILLARIES	0		Ô		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		Ô		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00			.00		
ROOM USE	0		0					.000				.00
CROSSOVERS/ALL OTH OUTPTNT	-	10 3310 1111	-	DEC MC	00.		.00	.000	- π <i>c</i>	.00	_	.00
	MEDI-CAL SERVICE		PENDITO	RES MC	DNTH-OF-PAYMENT	REPOR	CI FOR JAN	2003 THRU I	JEC	2003	P	AGE 951
MOP024	FEE-FOR-SERVICE/		an 1 - a	G 3 G 5 G	D. C. D. C. D.	D T G 3	DI	000 60				01/29/04
AMADOR COUNTY	SUMMARY OF SERVI	CES FOR	CRAIG	CASES-	- DISABLED IN PA	DISA	BRED AID C				~-	
115				_				MC				
115 ELIGIBLES	USERS	UNITS OF			EXPENDITURES		ERAGE COST					COST PER
		OR DAYS					R UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	13		89	\$	27,081.84		304.29		\$	2083.22	\$	235.49
COMM HOSP INPATIENT TOTAL	3		16		25,363.73		1585.23	.139		8454.58		220.55
HCC HCCDTTAIC	1		1		1 210 00		1210 00	000		1210 00		10 52

HSC HOSPITALS 1,210.00 1210.00 .009 1210.00 10.52 1 NON-HSC HOSPITALS TOTAL 15 23,313.73 1554.25 .130 11656.87 202.73 10,008.74 15 667.25 .130 5004.37 87.03 ACCOMMODATIONS 0 .00 ADMINISTRATIVE DAYS 0 .00 .000 .00 .00 .00 .00 87.03 .00 5004.37 TRANSITIONAL IP CARE 0 0 .00 .000 2 ALL OTHER ACCOM 15 667.25 .130 2 13,304.99 ANCILLARIES 0 .00 .000 6652.50 115.70

TAIDA MITHAMM OR O COOLING	1	0		0.40, 0.0		0.0	000		840.00		7 20
INPATIENT CROSSOVERS	1	0 0		840.00		.00	.000				7.30
ALL OTHER INPATIENT	U 11	73				.00	.000		.00		
COMM HOSP OUTPATIENT TOTAL	11	/ 3		1,718.11		23.54	.635		156.19		14.94
MEDICAL	6	/		338.87		48.41	.061		56.48		2.95
SURGERY		1		124.04		124.04	.009		124.04		1.08
PATHOLOGY	5	31		250.89		8.09	.270		50.18		2.18
RADIOLOGY	2	2		66.49		33.25	.017		33.25		.58
ROOM USE	8	11		547.62		49.78	.096		68.45		4.76
CROSSOVERS/ALL OTH OUTPTNT	3	21		390.20		18.58	.183		130.07		3.39
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	6	184	\$	20,808.08	\$	113.09	1.600	\$	3468.01	\$	180.94
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	6	184		20,808.08		113.09	1.600		3468.01		180.94
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	•	.00	•	.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	2	9	\$	122.22	\$	13.58	.078	\$	61.11	\$	1.06
PATHOLOGY	2	9	•	122.22	•	13.58	.078		61.11		1.06
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	19	28	Ġ	4,210.28	\$	150.37	.243	\$	221.59	\$	36.61
CLINIC	0	0	Υ	.00	Ψ	.00	.000	Τ.	.00	т	.00
SURGICENTER	0	Ô		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	Ô		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	19	28		4,210.28		150.37	.243		221.59		36.61
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX		RES M		EPORT			DEC		ÞΙ	AGE 952
MOP024	FEE-FOR-SERVICE/DENTAL	11 1110110	1000		LI OICI	1010 07110	2005 11110	טטכ	2003	11	01/29/04
AMADOR COUNTY	SUMMARY OF SERVICES FOR	CRATG	CASES	S- DISABLED IN PA-	DTSARI	ED ATD	ODE 6E				01/20/01
111111111111111111111111111111111111111	SCHERE OF SERVICES FOR	014110	C11011C	, DIDIDDID IN FA					א כויד א א א א א	CE.	

001111111111111111111111111111111111111	VICED ION CHAILS CHEED	D _ D . D		,		
				MON	ITHLY AVERA	GE
USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
26	19,788 \$	4,923.27	\$.25	172.070 \$	189.36	\$ 42.81
1	3	188.79	62.93	.026	188.79	1.64
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
4	174	1,201.86	6.91	1.513	300.47	10.45
4	174	1,201.86	6.91	1.513	300.47	10.45
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
1	2	26.08	13.04	.017	26.08	.23
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
		OR DAYS OF CARE 26 19,788 \$ 1 3 0 0 0 4 174	OR DAYS OF CARE 26	OR DAYS OF CARE 26	USERS	OR DAYS OF CARE PER UNIT/DAY PER ELIG USER 26 19,788 \$ 4,923.27 \$.25 172.070 \$ 189.36 1 3 188.79 62.93 .026 188.79 0 0 .00 .00 .000 .00 0 0 .00 .00 .000 .00 4 174 1,201.86 6.91 1.513 300.47 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	6	198	1,022.24	5.16	1.722	170.37	8.89
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	16	19,411	2,484.30	.13	168.791	155.27	21.60
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	11	32	\$ 1,206.40	\$ 37.70	.278	\$ 109.67	\$ 10.49

 $^{@^{\}star}$ Totals in these lines are given as a separate information item only;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 FEE-FOR-SERVICE/DENTAL

PAGE

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01/29/04

AMADOR COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- TOTAL IN PA-TOTAL

AMADOR COUNTY	SUMMARY OF SER	VICES FOR CRAIG	CASES	- TOTAL IN PA-TOTA	AL	140		C.F.	
104 FLIGTRIES	Hanna	INTEG OF GERMAN	_		717D7 CD COCE		NTHLY AVERA	-	
124 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES	AVERAGE COST			COST	
	1 4 4	OR DAYS OF CAR		120 120 50	PER UNIT/DAY		USER	ELIGI	
@TOTAL, ALL PROVIDERS	144 20	21,082	\$	132,138.59	\$ 6.27	170.016		\$ 1065	1.59
@PHYSICIANS SERVICES	20 7	219	\$	2,677.76	\$ 12.23	1.766	•		
OUTPATIENT VISITS	/	7		222.29	31.76	.056	31.76		1.79
OFFICE VISITS	6	6		192.29	32.05	.048	32.05	يا	1.55
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00		.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	U		.00	.00	.000	.00		.00
OTHER OUTPATIENT	Ţ	1		30.00	30.00	.008	30.00		.24
INPATIENT VISITS	2	18		630.85	35.05	.145	315.43		5.09
HOSPITAL VISITS	2	17		603.35	35.49	.137	301.68	4	4.87
CRITICAL CARE	0	0		.00	.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	1	1		27.50	27.50	.008	27.50		.22
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00		.00
EXAMINATIONS	0	0		.00	.00	.000	.00		.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	2	151		427.09	2.83	1.218	213.55		3.44
PRINCIPAL SURGEON	1	1		236.41	236.41	.008	236.41]	1.91
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	1	150		190.68	1.27	1.210	190.68		1.54
OUTPATIENT SURGERY	2	2		438.82	219.41	.016	219.41		3.54
PRINCIPAL SURGEON	2	2		438.82	219.41	.016	219.41	3	3.54
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00		.00
DIALYSIS	0	0		.00	.00	.000	.00		.00
PATHOLOGY	1	1		2.86	2.86	.008	2.86		.02
RADIOLOGY	5	11		156.31	14.21	.089	31.26	-	1.26
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	10	29		799.54	27.57	.234	79.95		6.45
@PHARMACY	111	445	\$	38,268.01	\$ 86.00	3.589	\$ 344.76	\$ 308	8.61
PRESCRIPTION DRUGS	111	429		37,746.24	87.99	3.460	340.06		4.41
SNF/ICF	20	115		7,576.50	65.88	.927	378.83	6.7	1.10
OUTPATIENTS	91	314		30,169.74	96.08	2.532	331.54	243	3.30
MEDICAL SUPPLIES	8	16		521.77	32.61	.129	65.22	1	4.21
@DENTIST	3	6	\$	155.00	\$ 25.83	.048	\$ 51.67	\$	1.25
VISITS - DIAGNOSTIC	3	5		110.00	22.00	.040	36.67		.89
ORAL SURGERY	1	1		45.00	45.00	.008	45.00		.36

DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES ANI	D EXPENDITURES MC	NTH-OF-PAYMENT REPORT	FOR JAN 20	003 THRU DEC	2003	PAGE 954
MOP024	FEE-FOR-SERVICE/DENTA	AL					01/29/04
AMADOR COUNTY	SUMMARY OF SERVICES H	FOR CRAIG CASES-	TOTAL IN PA-TOTAL				

----- MONTHLY AVERAGE -----

124 ELIGIBLES	USERS I	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY		COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	2	2 \$	58.86	\$ 29.43	.016 \$	29.43	\$.47
DIAGNOSTIC AND ANC. PROCED	1	1	47.45	47.45	.008	47.45	.38
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	1	1	11.41	11.41	.008	11.41	.09
@CHIROPRACTOR	0	0 \$.00	\$.00	.000 \$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	2	2 \$	11.64	\$ 5.82	.016 \$	5.82	\$.09
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
	0	0					
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0		.00	.00	.000	.00	.00
OTHER	2	2	11.64	5.82	.016	5.82	.09
@HOME HEALTH AGENCY	0	0 \$.00	\$.00	.000 \$.00	\$.00
NURSE ANESTHESIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
NURSE MIDWIFE	0	0 \$.00	\$.00	.000 \$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
@TOTAL HOSPITAL	13	89 \$	27,081.84	\$ 304.29	.718 \$	2083.22	\$ 218.40
HOSP INPATIENT TOTAL	3 1	16	25,363.73	1585.23	.129	8454.58	204.55
HSC HOSPITALS	1	1	1,210.00	1210.00	.008	1210.00	9.76
NON-HSC HOSPITAL TOTAL	2	15	23,313.73	1554.25	.121	11656.87	188.01
ACCOMMODATIONS	2	15	10,008.74	667.25	.121	5004.37	80.72
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	15	10,008.74	667.25	.121	5004.37	80.72
ANCILLARIES	2	0	13,304.99	.00	.000	6652.50	107.30
INPATIENT CROSSOVERS	1	0	840.00	.00	.000	840.00	6.77
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	11	73	1,718.11	23.54	.589	156.19	13.86
MEDICAL	6	7	338.87	48.41	.056	56.48	2.73
SURGERY	i 1	í	124.04	124.04	.008	124.04	1.00
PATHOLOGY	5	31	250.89	8.09	.250	50.18	2.02
RADIOLOGY	2	2	66.49	33.25	.016	33.25	.54
ROOM USE	0	11	547.62	49.78	.089	68.45	4.42
	3	21	390.20	18.58	.169	130.07	3.15
CROSSOVERS/ALL OTH OUTPTNT	3					.00	\$.00
@COUNTY HOSPITAL TOTAL	0	0 \$ 0	.00	•			
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	-	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	S AND EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN	2003 THRU DE	2003	PAGE 955
MOP024	FEE-FOR-SERVICE/I						01/29/04
AMADOR COUNTY		CES FOR CRAIG CASE	S- TOTAL IN PA-TOT	'AL			
					MON'	THLY AVERAC	GE

----- MONTHLY AVERAGE -----USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

		OR DAYS OF CARE			חשת	TINTTT / D N 3/	PER ELIG	,	USER	177	LIGIBLE
@COMMUNITY HOSPITAL TOTAL	13	OR DAIS OF CARE	\$	27,081.84	Р£К \$	304.29	.718		2083.22	\$	218.40
COMM HOSP INPATIENT TOTAL	3	16	Ÿ	25,363.73		1585.23	.129	Ÿ	8454.58	Y	204.55
HSC HOSPITALS	1	1		1,210.00		1210.00	.008		1210.00		9.76
NON-HSC HOSPITALS TOTAL	2	15		23,313.73		1554.25	.121	1	L1656.87		188.01
ACCOMMODATIONS	2	15		10,008.74		667.25	.121	_	5004.37		80.72
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
	0	15									
ALL OTHER ACCOM	2			10,008.74		667.25	.121		5004.37		80.72
ANCILLARIES	∠	0		13,304.99		.00	.000		6652.50		107.30
INPATIENT CROSSOVERS	Τ	0		840.00		.00	.000		840.00		6.77
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	11	73		1,718.11		23.54	.589		156.19		13.86
MEDICAL	6	7		338.87		48.41	.056		56.48		2.73
SURGERY	1	1		124.04		124.04	.008		124.04		1.00
PATHOLOGY	5	31		250.89		8.09	.250		50.18		2.02
RADIOLOGY	2	2		66.49		33.25	.016		33.25		.54
ROOM USE	8	11		547.62		49.78	.089		68.45		4.42
CROSSOVERS/ALL OTH OUTPTNT	3	21		390.20		18.58	.169		130.07		3.15
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	15	489	\$	53,822.95	\$	110.07	3.944	\$	3588.20	\$	434.06
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	Ö	0		.00		.00	.000		.00		.00
LEV B-REGULAR	15	489		53,822.95		110.07	3.944		3588.20		434.06
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	Ψ	.00	Υ	.00	.000	Ψ.	.00	Ψ	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
	0	0	Ą	.00	Ą	.00	.000	Ą	.00	Ą	.00
HOSPITAL BASED	0										
HEMODIALYSIS CENTER	0	0	4	.00	4	.00	.000	4	.00	4	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	2	9	\$	122.22	\$	13.58	.073	\$	61.11	\$.99
PATHOLOGY	2	9		122.22		13.58	.073		61.11		.99
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	22	33	\$	5,017.04	\$	152.03		\$	228.05	\$	40.46
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	22	33		5,017.04		152.03	.266		228.05		40.46
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	ES M	IONTH-OF-PAYMENT RE	PORT	FOR JAN	2003 THRU	DEC	2003	PA	GE 956
MOP024	FEE-FOR-SERVICE	/DENTAL									01/29/04
AMADOR COUNTY			ASES	S- TOTAL IN PA-TOTA	λL						
							M	IONTE	ILY AVERA	GE -	
124 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAY	s c	COST PER	С	OST PER
		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIC	1	USER	E	LIGIBLE
@ALL OTHER PROVIDERS	26		\$	4,923.27	\$.25	159.581		189.36		
DURABLE MED. EQUIP.	1	3		188.79	•	62.93	.024		188.79		1.52
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	4	174		1,201.86		6.91	1.403		300.47		9.69
AMBULANCES/AIR TRANS	4	174		1,201.86		6.91	1.403		300.47		9.69
OTHER TRANS	0	0		.00		.00	.000		.00		.00
OTHER TRANS	U	U		.00		.00	.000		.00		.00

OTHER SERVICES	0	Λ	.00	.00	.000	.00	.00
ACUPUNCTURE	Õ	0	.00	.00		.00	.00
ADULT DAY HEALTH CARE CTR	Õ	0	.00	.00		.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00		.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00		.00	.00
	0	0					
OCCUPATIONAL THERAPIST	U	U	.00	.00	.000	.00	.00
OPTICIAN	1	2	26.08	13.04	.016	26.08	.21
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	6	198	1,022.24	5.16	1.597	170.37	8.24
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	16	19,411	2,484.30	.13	156.540	155.27	20.03
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	11	32	\$ 1,206.40	\$ 37.70	.258	\$ 109.67	\$ 9.73

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 957
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
AMADOR COUNTY SUMMARY OF SERVICES FOR TOTAL CERTIFIED

					MON	THLY AVERA	GE
37,567 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	22,447	386,067 \$	13,803,722.12	\$ 35.75	10.277 \$	614.95	\$ 367.44
@PHYSICIANS SERVICES	6,210	20,982 \$	766,884.51	\$ 36.55	.559 \$	123.49	\$ 20.41
OUTPATIENT VISITS	3,068	4,204	160,720.70	38.23	.112	52.39	4.28
OFFICE VISITS	2,572	3,368	109,193.07	32.42	.090	42.45	2.91
HOME VISITS	5	6	223.10	37.18	.000	44.62	.01
EMERGENCY ROOM	216	239	13,804.01	57.76	.006	63.91	.37
PREVENTIVE CARE	10	9	437.54	48.62	.000	43.75	.01
OB VISITS/COMPRE PERI	236	418	32,674.43	78.17	.011	138.45	.87
OTHER OUTPATIENT	141	164	4,388.55	26.76	.004	31.12	.12
INPATIENT VISITS	352	1,202	72,274.37	60.13	.032	205.32	1.92
HOSPITAL VISITS	281	930	41,837.04	44.99	.025	148.89	1.11
CRITICAL CARE	36	199	28,197.08	141.69	.005	783.25	.75
SNF/ICF/TRANS IP CARE	53	73	2,240.25	30.69	.002	42.27	.06
OPHTHALMOLOGICAL SERVICES	35	44	1,834.26	41.69	.001	52.41	.05
EXAMINATIONS	35	44	1,834.26	41.69	.001	52.41	.05
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	325	3,686	211,645.50	57.42	.098	651.22	5.63
PRINCIPAL SURGEON	224	271	175,495.38	647.58	.007	783.46	4.67
ASSISTANT SURGEON	37	37	8,806.15	238.00	.001	238.00	.23
ANESTHESIOLOGIST	123	3,378	27,343.97	8.09	.090	222.31	.73
OUTPATIENT SURGERY	451	1,279	84,387.40	65.98	.034	187.11	2.25
PRINCIPAL SURGEON	377	468	68,233.35	145.80	.012	180.99	1.82
ASSISTANT SURGEON	3	3	491.02	163.67	.000	163.67	.01
ANESTHESIOLOGIST	114	808	15,663.03	19.38	.022	137.40	.42
DIALYSIS	15	81	3,861.68	47.68	.002	257.45	.10
PATHOLOGY	473	979	19,736.75	20.16	.026	41.73	.53
RADIOLOGY	1,644	2,647	89,944.79	33.98	.070	54.71	2.39
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

IMMUNIZATION AND INJECTION 124 672 19,773.55 29.42 .018 159.46 .53 OTHER SERVICES/ALL X-OVERS 1,800 6,188 102,705.51 16.60 .165 57.06 2.73 @PHARMACY 14,642 108,994 \$ 3,847,355.39 \$ 35.30 2.901 \$ 262.76 \$ 102.41 PRESCRIPTION DRUGS 14,532 53,145 3,766,443.67 70.87 1.415 259.18 100.26 SNF/ICF 1,152 7,736 430,480.43 55.65 .206 373.68 11.46 OUTPATIENTS 13,402 45,409 3,335,963.24 73.46 1.209 248.92 88.80 MEDICAL SUPPLIES 679 55,849 80,911.72 1.45 1.487 119.16 2.15 @DENTIST 1,235 5,932 \$ 254,081.40 \$ 42.83 .158 205.73 \$ 6.76 VISITS - DIAGNOSTIC 827 3,587 52,243.90 14.56 .095 63.17 1.39 ORAL SURGERY 184								
OTHER SERVICES/ALL X-OVERS 1,800 6,188 102,705.51 16.60 .165 57.06 2.73 @PHARMACY 14,642 108,994 \$ 3,847,355.39 \$ 35.30 2.901 \$ 262.76 \$ 102.41 PRESCRIPTION DRUGS 14,532 53,145 3,766,443.67 70.87 1.415 259.18 100.26 SNF/ICF 1,152 7,736 430,480.43 55.65 .206 373.68 11.46 OUTPATIENTS 13,402 45,409 3,335,963.24 73.46 1.209 248.92 88.80 MEDICAL SUPPLIES 679 55,849 80,911.72 1.45 1.487 119.16 2.15 @DENTIST 1,235 5,932 \$ 254,081.40 \$ 42.83 .158 \$ 205.73 \$ 6.76 VISITS - DIAGNOSTIC 827 3,587 52,243.90 14.56 .095 63.17 1.39 ORAL SURGERY 184 497 34,339.50 69.09 .013 186.63 .91 DRUGS 2.73	TMMINITZATION AND INTECTION	124	672	19 773 55	29 42	018	159 46	53
@PHARMACY 14,642 108,994 \$ 3,847,355.39 \$ 35.30 2.901 \$ 262.76 \$ 102.41 PRESCRIPTION DRUGS 14,532 53,145 3,766,443.67 70.87 1.415 259.18 100.26 SNF/ICF 1,152 7,736 430,480.43 55.65 .206 373.68 11.46 OUTPATIENTS 13,402 45,409 3,335,963.24 73.46 1.209 248.92 88.80 MEDICAL SUPPLIES 679 55,849 80,911.72 1.45 1.487 119.16 2.15 @DENTIST 1,235 5,932 \$ 254,081.40 \$ 42.83 .158 \$ 205.73 \$ 6.76 VISITS - DIAGNOSTIC 827 3,587 52,243.90 14.56 .095 63.17 1.39 ORAL SURGERY 184 497 34,339.50 69.09 .013 186.63 .91 DRUGS 25 30 355.00 11.83 .001 14.20 .01								
PRESCRIPTION DRUGS 14,532 53,145 3,766,443.67 70.87 1.415 259.18 100.26 SNF/ICF 1,152 7,736 430,480.43 55.65 .206 373.68 11.46 OUTPATIENTS 13,402 45,409 3,335,963.24 73.46 1.209 248.92 88.80 MEDICAL SUPPLIES 679 55,849 80,911.72 1.45 1.487 119.16 2.15 @DENTIST 1,235 5,932 \$ 254,081.40 \$ 42.83 .158 \$ 205.73 \$ 6.76 VISITS - DIAGNOSTIC 827 3,587 52,243.90 14.56 .095 63.17 1.39 ORAL SURGERY 184 497 34,339.50 69.09 .013 186.63 .91 DRUGS 25 30 355.00 11.83 .001 14.20 .01								
SNF/ICF 1,152 7,736 430,480.43 55.65 .206 373.68 11.46 OUTPATIENTS 13,402 45,409 3,335,963.24 73.46 1.209 248.92 88.80 MEDICAL SUPPLIES 679 55,849 80,911.72 1.45 1.487 119.16 2.15 @DENTIST 1,235 5,932 \$ 254,081.40 \$ 42.83 .158 \$ 205.73 \$ 6.76 VISITS - DIAGNOSTIC 827 3,587 52,243.90 14.56 .095 63.17 1.39 ORAL SURGERY 184 497 34,339.50 69.09 .013 186.63 .91 DRUGS 25 30 355.00 11.83 .001 14.20 .01								
OUTPATIENTS 13,402 45,409 3,335,963.24 73.46 1.209 248.92 88.80 MEDICAL SUPPLIES 679 55,849 80,911.72 1.45 1.487 119.16 2.15 @DENTIST 1,235 5,932 \$ 254,081.40 \$ 42.83 .158 \$ 205.73 \$ 6.76 VISITS - DIAGNOSTIC 827 3,587 52,243.90 14.56 .095 63.17 1.39 ORAL SURGERY 184 497 34,339.50 69.09 .013 186.63 .91 DRUGS 25 30 355.00 11.83 .001 14.20 .01								
MEDICAL SUPPLIES 679 55,849 80,911.72 1.45 1.487 119.16 2.15 @DENTIST 1,235 5,932 \$ 254,081.40 \$ 42.83 .158 \$ 205.73 \$ 6.76 VISITS - DIAGNOSTIC 827 3,587 52,243.90 14.56 .095 63.17 1.39 ORAL SURGERY 184 497 34,339.50 69.09 .013 186.63 .91 DRUGS 25 30 355.00 11.83 .001 14.20 .01								
@DENTIST 1,235 5,932 \$ 254,081.40 \$ 42.83 .158 \$ 205.73 \$ 6.76 VISITS - DIAGNOSTIC 827 3,587 52,243.90 14.56 .095 63.17 1.39 ORAL SURGERY 184 497 34,339.50 69.09 .013 186.63 .91 DRUGS 25 30 355.00 11.83 .001 14.20 .01								
ORAL SURGERY 184 497 34,339.50 69.09 .013 186.63 .91 DRUGS 25 30 355.00 11.83 .001 14.20 .01		1,235			\$ 42.83			
DRUGS 25 30 355.00 11.83 .001 14.20 .01	VISITS - DIAGNOSTIC	827	3,587	52,243.90	14.56	.095	63.17	1.39
	ORAL SURGERY	184	497	34,339.50	69.09	.013	186.63	.91
12 1 200 00 100 00 100 00	DRUGS	25	30	355.00	11.83	.001	14.20	.01
ANESTHESIA 13 13 1,300.00 100.00 .000 100.00 .03	ANESTHESIA	13	13	1,300.00	100.00	.000	100.00	.03
PERIODONTICS 31 35 4,586.00 131.03 .001 147.94 .12	PERIODONTICS		35	4,586.00	131.03	.001	147.94	.12
ENDODONTICS 128 254 42,325.00 166.63 .007 330.66 1.13	ENDODONTICS	128	254	42,325.00	166.63	.007	330.66	1.13
RESTORATIVE DENTISTRY 410 1,252 87,225.75 69.67 .033 212.75 2.32	RESTORATIVE DENTISTRY			87,225.75				
PROSTHETICS 6 6 120.00 20.00 .000 20.00 .00	PROSTHETICS		-					
DENTURES, STAYPLATES 85 152 26,877.00 176.82 .004 316.20 .72	DENTURES, STAYPLATES			26,877.00				
SPACE MAINTAINERS 5 7 684.00 97.71 .000 136.80 .02 MAXILLOFACIAL SERVICES 4 4 400.25 100.06 .000 100.06 .01		5						
FRACTURES, DISLOCATIONS 0 0 .00 .00 .00 .00 .00 .00								
ORTHODONTIC SERVICES 46 50 3,400.00 68.00 .001 73.91 .09								
ALL OTHER SERVICES 26 45 225.00 5.00 .001 8.65 .01								
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 958				ONTH-OF-PAYMENT RI	EPORT FOR JAN	2003 THRU DE	C 2003	
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04								01/29/04
AMADOR COUNTY SUMMARY OF SERVICES FOR TOTAL CERTIFIED	AMADOR COUNTY	SUMMARY OF SERV	ICES FOR TOTAL CERTII	FIED				
MONTHLY AVERAGE 37,567 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER	27 F67 FLITAIDI BA	HOEDO	INTEG OF GERVICE	EXPENDIBLE	ATTERNACE COOR	-		
OR DAYS OF CARE OR DAYS OF CARE EXPENDITORES AVERAGE COST UNITS/DATS COST PER COST	3/,50/ ELIGIBLES	USERS		EVERNOTIONES				
@OPTOMETRIST 636 1,404 \$ 33,553.15 \$ 23.90 .037 \$ 52.76 \$.89	$\Theta \cap D$ $T \cap M$ D T	636		22 552 15				
DIAGNOSTIC AND ANC. PROCED 366 367 15,142.88 41.26 .010 41.37 .40								
EYE APPLIANCES 341 933 15,793.60 16.93 .025 46.32 .42								
OTHER OPTOMETRIC SERVICES 97 104 2,616.67 25.16 .003 26.98 .07								
@CHIROPRACTOR 62 86 \$ 1,326.90 \$ 15.43 .002 \$ 21.40 \$.04								
VISITS 52 67 1,111.88 16.60 .002 21.38 .03								
OTHER SERVICES 10 19 215.02 11.32 .001 21.50 .01								
@PODIATRIST 340 396 \$ 6,207.14 \$ 15.67 .011 \$ 18.26 \$.17								
MEDICINE/INJECTIONS 56 60 2,163.60 36.06 .002 38.64 .06				•				
SURGERY/ANES. 13 17 519.17 30.54 .000 39.94 .01								
RADIO./PATHOLOGY 6 7 121.10 17.30 .000 20.18 .00		6	7					
OTHER 273 312 3,403.27 10.91 .008 12.47 .09		273	312					
@HOME HEALTH AGENCY 44 729 \$ 27,141.15 \$ 37.23 .019 \$ 616.84 \$.72	-							
NURSE ANESTHESIST 6 109 \$ 774.80 \$ 7.11 .003 \$ 129.13 \$.02		6		774 00	Ċ 711	002 6	120 12	

51.80

23.64

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1664.44

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2,901.01

3,063,563.82

2,372,802.29

1,499,661.27

773,882.36

470,205.40

463,044.30

99,258.66

690,761.53

164,058.37

10,585.09

88,529.12

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27.40

18.39

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2.64

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25,443

2,056

665

901

901

35

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866

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490

23,387

3,678

8,107

239

0

2

5,114

129

225

224

219

224

4,846

2,269

1,842

210

98

0

0

NURSE MIDWIFE

@TOTAL HOSPITAL

HSC HOSPITALS

ANCILLARIES

MEDICAL

SURGERY

PATHOLOGY

PEDIATRIC NURSE PRACTITIONER

FAMILY NURSE PRACTITIONER

NON-HSC HOSPITAL TOTAL

ADMINISTRATIVE DAYS

TRANSITIONAL IP CARE

HOSP INPATIENT TOTAL

ALL OTHER ACCOM

INPATIENT CROSSOVERS

ALL OTHER INPATIENT

HOSP OUTPATIENT TOTAL

ACCOMMODATIONS

RADIOLOGY	1,337	1,922	138,419.22	72.02	.051	103.53	3.68
ROOM USE	2,674	3,822	152,083.54	39.79	.102	56.87	4.05
CROSSOVERS/ALL OTH OUTPTNT	1,327	5,619	137,086.19	24.40	.150	103.31	3.65
@COUNTY HOSPITAL TOTAL	58	362	\$ 27,655.01	\$ 76.40	.010	\$ 476.81	\$.74
CO HOSPITAL INPATIENT TOTAL	6	85	18,749.00	220.58	.002	3124.83	.50
HSC HOSPITALS	3	15	14,683.00	978.87	.000	4894.33	.39
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	3	70	4,066.00	58.09	.002	1355.33	.11
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	53	277	8,906.01	32.15	.007	168.04	.24
MEDICAL	23	27	832.41	30.83	.001	36.19	.02

SURGERY	9	12		475.42		39.62	.000		52.82		.01
PATHOLOGY	22	101		1,310.32		12.97	.003		59.56		.03
RADIOLOGY	12	18		2,279.02		126.61	.000		189.92		.06
ROOM USE	36	50		2,198.37		43.97	.001		61.07		.06
CROSSOVERS/ALL OTH OUTPTNT	25	69		1,810.47		26.24	.002		72.42		.05
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	RES M	ONTH-OF-PAYMENT I	REPOR			DEC		P	AGE 959
MOP024	FEE-FOR-SERVICE			.01.111 01 11111111111111	01				2000	_	01/29/04
AMADOR COUNTY	SUMMARY OF SERV		ттяяг	EIED							01/25/01
The Bott Court	BOHMMET OF BLICK	TODO TOR TOTAL					M	ОМТ	AGEVA V.TH	GE.	
37,567 ELIGIBLES	USERS	UNITS OF SERVICE	T.	EXPENDITURES	7.4	ERAGE COST			COST PER		COST PER
37,307 HEIGIDEES	OBLIG	OR DAYS OF CAR		121 DIVETTORIE		ER UNIT/DAY		U	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	5,070	25,081	\$	3,035,908.81	\$	121.04	.668	\$	598.80	\$	80.81
COMM HOSP INPATIENT TOTAL	430	1,971	Ą	2,354,053.29	Ą	1194.34	.052	Ą	5474.54	Ą	62.66
HSC HOSPITALS	126	650		759,199.36		1168.00			6025.39		20.21
	225	901				1664.44	.017 .024		6665.16		39.92
NON-HSC HOSPITALS TOTAL	224	901		1,499,661.27			.024				12.52
ACCOMMODATIONS				470,205.40		521.87			2099.13		
ADMINISTRATIVE DAYS	5	35		7,161.10		204.60	.001		1432.22		.19
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	219	866		463,044.30		534.69	.023		2114.36		12.33
ANCILLARIES	224	0		1,029,455.87		.00	.000		4595.79		27.40
INPATIENT CROSSOVERS	95	420		95,192.66		226.65	.011		1002.03		2.53
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	4,806	23,110		681,855.52		29.50	.615		141.88		18.15
MEDICAL	2,251	3,651		163,225.96		44.71	.097		72.51		4.34
SURGERY	201	227		10,109.67		44.54	.006		50.30		.27
PATHOLOGY	1,823	8,006		87,218.80		10.89	.213		47.84		2.32
RADIOLOGY	1,327	1,904		136,140.20		71.50	.051		102.59		3.62
ROOM USE	2,646	3,772		149,885.17		39.74	.100		56.65		3.99
CROSSOVERS/ALL OTH OUTPTNT	1,308	5,550		135,275.72		24.37	.148		103.42		3.60
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00	-	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	1,168	38,468	\$	4,102,075.40	Ś	106.64	1.024	\$	3512.05	\$	109.19
LEV A-INTERMEDIATE	_,0	0	-	.00	-	.00	.000	т	.00	т.	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	8	304		164,450.64		540.96	.008		20556.33		4.38
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	1,160	38,164		3,937,624.76		103.18	1.016		3394.50		104.82
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	Y	.00	Y	.00	.000	Y	.00	Ÿ	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDD/DDCN	0	0		.00		.00	.000		.00		.00
- · · · · · · · · · · · · · · · · · · ·	35		4		۲.			4		4	
@HEMODIALYSIS TOTAL	12	366	\$	48,091.99	\$	131.40	.010	\$	1374.06	\$	1.28
HOSPITAL BASED		138		26,794.36		194.16	.004		2232.86		.71
HEMODIALYSIS CENTER	23	228	4	21,297.63	4	93.41	.006		925.98		.57
@REHABILITATION FACILITY	3	11	\$	287.38	\$	26.13	.000	\$	95.79	\$.01
HOSPITAL BASED	3	11		287.38		26.13	.000		95.79		.01
INDEPENDENT FACILITY	0	0	4.	.00		.00	.000	4.	.00		.00
@LABORATORY FACILITY	918	3,362	\$	55,290.27	\$	16.45	.089	\$	60.23	\$	1.47
PATHOLOGY	890	3,312		55,027.78		16.61	.088		61.83		1.46
XO AND OTHERS	28	50		262.49		5.25	.001		9.37		.01
@ORGANIZED OUTPATIENT CLINIC	4,526	6,907	\$	1,022,906.71	\$	148.10	.184	\$	226.01	\$	27.23
CLINIC	72	213		7,294.44		34.25	.006		101.31		.19
SURGICENTER	35	223		7,892.85		35.39	.006		225.51		.21

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 MOP024 FEE-FOR-SERVICE/DENTAL AMADOR COUNTY

HEROIN DETOX CLINIC

RURAL HEALTH CLINIC

SUMMARY OF SERVICES FOR TOTAL CERTIFIED

21 6,450

269.43

1,007,449.99

3

4,426

26.82 PAGE 960 01/29/04

.01

.001

.172

89.81

227.62

12.83

156.19

37,567 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES	AVERAGE COST		S COST PER	COST PER
		OR DAYS OF CA	RE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	3,130	172,815	\$	571,115.60	\$ 3.30	4.600	\$ 182.47	\$ 15.20
DURABLE MED. EQUIP.	192	621		81,816.34	131.75	.017	426.13	2.18
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	8	8		3,623.72	452.97	.000	452.97	.10
MEDICAL TRANSPORTATION	437	16,117		87,770.16	5.45	.429	200.85	2.34
AMBULANCES/AIR TRANS	329	4,812		53,318.85	11.08	.128	162.06	1.42
OTHER TRANS	55	10,080		22,435.73	2.23	.268	407.92	.60
OTHER SERVICES	66	1,225		12,015.58	9.81	.033	182.05	.32
ACUPUNCTURE	10	37		643.38	17.39	.001	64.34	.02
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	67	67		6,985.00	104.25	.002	104.25	.19
IHMC, MODEL-NF, NF, AIDS, MSSP	278	3,572		135,203.96	37.85	.095	486.35	3.60
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	380	838		8,671.75	10.35	.022	22.82	.23
PHYSICAL THERAPIST	2	9		12.59	1.40	.000	6.30	.00
PORTABLE X-RAY	5	9		64.20	7.13	.000	12.84	.00
PROSTHETIST/ORTHOTISTS	41	184		27,216.96	147.92	.005	663.83	.72
PROSTHETICS	25	167		26,152.88	156.60	.004	1046.12	.70
ORTHOTICS	16	17		1,064.08	62.59	.000	66.51	.03
PSYCHOLOGIST	8	8		60.38	7.55	.000	7.55	.00
SPEECH AND AUDIOLOGY	40	92		4,807.43	52.25	.002	120.19	.13
HOSPICE SERVICES	7	151		16,703.55	110.62	.004	2386.22	.44
NONINST BIRTHING CENTERS	1	1		1,046.55	1046.55	.000	1046.55	.03
LOCAL EDUCATION AGENCIES	1,115	26,826		128,074.58	4.77	.714	114.87	3.41
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	754	124,275		68,415.05	.55	3.308	90.74	1.82
@CALIF. CHILDREN SERVICES*	199	14,660	\$	331,055.94		.390	\$ 1663.60	\$ 8.81
@XOVER EXCLUDING STATE HOSP**	2,144	24,183	\$	341,379.52	\$ 14.12	.644	\$ 159.23	\$ 9.09

----- MONTHLY AVERAGE -----

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.